

Medical — *Economics*

DECEMBER



HAND AN OFFICE AID

(See page 53)

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rapid availability

HEMATINIC PLASTULES* contain *ferrous sulfate* in a semifluid medium sealed to preserve it in the more effective ferrous state. Rapid disintegration and diffusion in the gastrointestinal tract assure efficient absorption. The daily dose supplies almost twice the amount of iron considered sufficient for the treatment of simple iron deficiency anemia.



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Dose: 3 Plastules daily

HEMATINIC PLASTULES WITH LIVER CONCENTRATE

Dose: 6 Plastules daily

Supplied in bottles of 50, 100 and 1000

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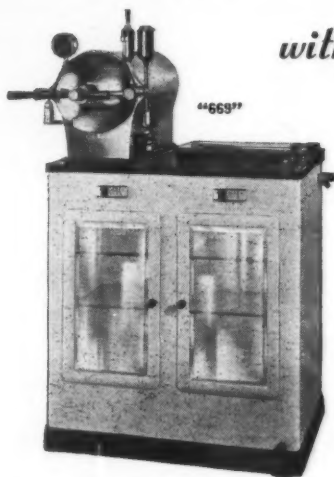
Here is medical furniture the finest made. You will like the patented HIDE-A-ROLL, a paper roll attachment concealed in the head end of the table top... the COUNTER-BALANCED TOP that allows the head end to be raised or lowered easily... the DISAPPEARING STIRRUPS which fold out of sight when not in use. The Nu-Tone Suite has a hard rubbed durable finish. See it at



HIDE-A-ROLL paper attachment included at no extra cost. Furnishes a clean sheet for each patient.

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20-22-24 Sheldon Ave., S. E.
Grand Rapids 2, Mich.

Give patients unequalled protection *with Castle Sterilizers*



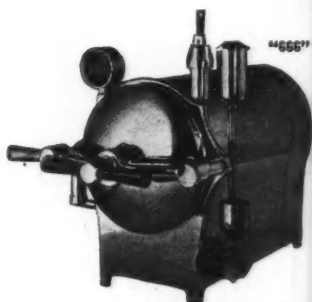
The "669" Castle Instrument Sterilizer and Autoclave—the favorite of doctors with an expanded practice who want a sterilizer to meet their every need.

The "666" Castle Autoclave provides complete hospital sterilizing safety, destroying spores as well as bacteria. It occupies little space, can be set on a table or supplied with a stand (666-S).

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This is the time to secure equipment that will help you most with your present practice and your future plans. Write for complete details.

WHICHEVER Castle Sterilizer you select you can be sure that your patients will get the last word in scientific sterilizing protection. Each is designed for beauty as well as use.



"673"



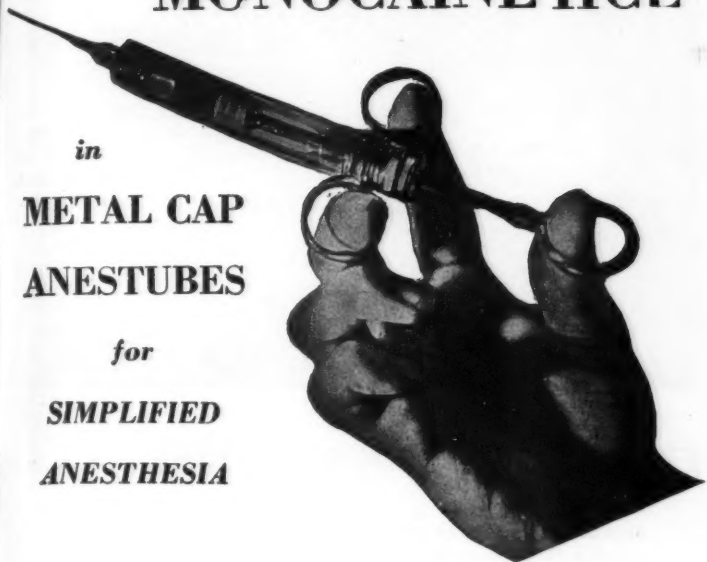
MEDICAL ARTS SURGICAL SUPPLY CO.

20-22-24 Sheldon Ave., S. E.

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MONÓCAINE HCL

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SIMPLIFIED
ANESTHESIA



Simplify your local anesthesia cases with the Monócaine Anestube (cartridge) unit. You merely insert an Anestube into the Syringe and inject its content.

Convenience, correct dose and positive sterility are characteristic of the Anestube method of administration.

The Anestube Syringe is unbreakable and leak-proof. It is complete with Luer Lok and Luer Slip On Adaptors to take all standard needles.

An introductory offer consisting of a 5 cc Anestube Syringe and four dozen 5 cc Monócaine Anestubes, lists for \$10.00. Anestubes also available in Midget size (approximately 1 cc) and $2\frac{1}{4}$ cc sizes.

MEDICAL ARTS SURGICAL SUPPLY CO.

20-22-24 Sheldon Ave., S. E. Grand Rapids 2, Mich.



EPINEPHRINE HYDROCHLORIDE 1:1000 N.N.R.

CHEPLIN solution of this powerful vasoconstrictor, hemostatic and circulatory stimulant is adjusted to a definite standard strength and is physiologically assayed by measuring the effect on blood pressure.

EPINEPHRINE HYDROCHLORIDE may be administered by hypodermic, inhalation or topical application, affording rapid relief of asthmatic symptoms, urticaria, angioneurotic edema, reactions following injections of biologicals, shock or collapse, and prompt control of certain types of hemorrhage. When used in conjunction with topical, nerve block or infiltration anesthetics, it produces a bloodless operative field and retards absorption of the anesthetic—thus prolonging the period of anesthesia. *Literature on request.*



EPINEPHRINE HYDROCHLORIDE 1:1000 is packaged in:

- 1 cc. ampules.
- 10 cc. rubber-stoppered vials.
- 30 cc. rubber-stoppered vials.
- 30 and 480 cc. bottles for topical applications.

MEDICAL ARTS SURGICAL SUPPLY CO.

PHYSICIANS AND HOSPITAL SUPPLIES

20-22-24 SHELDON AVE., S. E., GRAND RAPIDS, MICHIGAN

Medical Economics

THE BUSINESS MAGAZINE OF



THE MEDICAL PROFESSION

DECEMBER 1945

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CIRCULATION 110,000






H. Sheridan Baketel, A.M., M.D., Editor-in-Chief. William Alan Richardson, Editor. Ross C. McCluskey, Managing Editor. Lansing Chapman, Publisher. W. L. Chapman, Jr., Business Manager. R. M. Smith, Sales Manager. Copyright 1945, Medical Economics, Inc., Rutherford, N. J. 25c a copy; \$2 a year (Canada, \$2.50 a year).

DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 1



PENICILLIN

IN SESAME OIL AND BEESWAX

-  — Easier to handle;* flows freely
-  — Easier to pull into syringe and inject
-  — Cuts injections to one in 8 to 12 hours
-  — Reduces variations in blood levels
-  — Is less antigenic or allergenic†

Here's the penicillin preparation that makes this drug really practical! No heating or other fancy "fixings."

Penicillin in Sesame Oil and Beeswax Cutter, offers all the benefits of delayed absorption—including that of maintaining more constant blood levels, so difficult with the 3-hour material.

But more—it requires no strong-arm tactics! Even directly out of the refrigerator, you need only hold it

under hot water for a moment, and it flows freely. Easily drawn into syringe and injected in an accurately measured dose.

Ask your pharmacist for Cutter Penicillin in Oil and Wax, in either of two strengths . . . 100,000 or 200,000 units per cc., each available in 5 cc. bottles. Cutter Laboratories, Berkeley, Calif., Chicago, New York

*Than other oil and wax suspensions

†Than other animal or vegetable oils

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These Three B-D Steritubes

protect your sterilized instruments

SAVE MONEY
and
TIME



No. 17

FEVER THERMOMETER STERITUBE

Durable glass case carries thermometer in sterilizing solution, cushioned from shock by stainless steel ejector spring. Metal cap fits snugly on ground luer tip to prevent leakage.

No. 300

SYRINGE STERITUBE

Boilable metal holder carries sterile syringe and needle ready for instant use—in home or office. Rubber cap and washer cushion syringe from shock and withstand sterilization. Suspension of needle point prevents damage.

No. 400

NEEDLE STERITUBE

Keeps sterile needles ready for use. Glass permits sterile inspection of protected points, gauge and size. Flared glass rims and gripping rubber caps insure continued sterility. All parts boilable.

B-D PRODUCTS

Made for the Profession

BECTON, DICKINSON & CO., RUTHERFORD, N. J.

DECEMBER 1945 . MEDICAL ECONOMICS . PAGE 3

This Year Give "National" The Remembered Gift



N1680 SPECIALISTS' "CENTRE-OF-BEAM" HEADLIGHT with "Superflex" — the perfectly formed, semi-flexible, feather-weight, perspiration-proof, washable, ivory plastic headband, 2 six-volt bulbs and transformer\$17.50



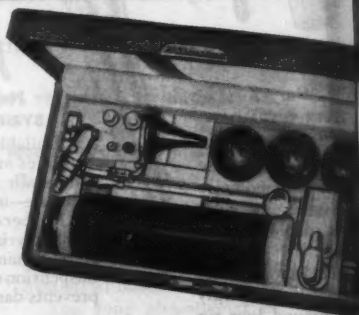
N88 TWIN TRANSILLUMINATOR, complete with spare bulbs, bulb hoods, glass sheaths, push-button switch and 7½ ft. cord. Operates from standard transformer or battery-box.....\$12.00

National Instruments from \$3.75 up

- N300 Ear Specula Set.....\$ 5.00
- N21 Standard Otoscope Set..... 22.00
- N5123 Complete Retinoscope Set..... 26.00
- N2134 Otoricope-Ophthalmoscope Set .. 42.00

... and many others to fit every purse ... and for every need.

Canadian Prices 15% Higher



N2033 SPECIALISTS' SET includes: National Standard Otoscope (patented) with 6 speed double-disc ophthalmoscope with magnified lenses, life-time large handle, tongue blade holder, "All-Metal" transilluminator, laryngeal mirror and spare bulbs, in plush-lined case.....\$34.00

Give "National" — and you are giving the best, for National Instruments have been designed with but one thought in mind, that they shall be the finest and most complete that money can buy. This year give a practical gift — a National Instrument.



National Electric Instrument Co.

92-21 Corona Ave., Elmhurst, L. I., N. Y.

OPHTHALMOSCOPES • OTOSCOPES • BODY CAVITY SETS • HEADLIGHTS • RETINOSCOPES • TRANSILLUMINATORS • CAUTERIZERS

YOU CAN'T OVERRATE THE VALUE OF **CONTROL**



Effective control measures in the matter of safety are marks of leadership—in a country or in a company.

Scientifically developed and expertly executed quality control is an outstanding feature in the production of pharmaceuticals at modern U.D. laboratories. In addition to an elaborate system of initial precautions, the Formula Control Committee—a select group of doctors, chemists, pharmacists—personally tests for uniform purity and potency every new formula and the Control Laboratory tests each batch of every finished product.

These high standards, backed by years of experience, assure that in specifying

U.D. pharmaceuticals your orders are filled with finest ingredients. Your neighborhood Rexall Drug Store provides the skill of a competent pharmacist, and service which is complete, dependable and economical.

U.D. ISOLATED PURE VITAMINS . . . Specific vitamins of highest quality, available in quantities to suit your need.

Thiamine Hydrochloride (Vitamin B₁)
Riboflavin (Vitamin B₂)
Niacin (Nicotinic Acid)
Niacinamide (Nicotinic Acid Amide)
Ascorbic Acid (Vitamin C)
Vioosterol (Vitamin D)
Also Vitamins A, B₆, E, K and B Complex

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Pharmaceutical chemists for more than 42 years
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slickest
thing
for
gloves and
instruments



• This bland, greaseless jelly spreads readily over rubber, metal, or synthetic surfaces. It forms a lubricating film that adheres well, but may be washed away easily. Its exceptional lubricating quality facilitates procedure and minimizes discomfort to the patient.

K-Y* Lubricating Jelly is sterile, water-miscible, transparent—harmless to gloves, instruments and human tissue.

ORDER FROM YOUR DEALER



SPREADS READILY—ADHERES

Active ingredients: chondrus, trapa-canth, glycerine, water, boric acid.

K-Y LUBRICATING JELLY

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

*Trade-mark of product made exclusively by Johnson & Johnson

Panorama

► Dr. Herbert D. Simpson, health insurance authority, is studying voluntary prepayment for the National Physicians Committee. His aim: a complete report of the number, organization, operation, and progress of medical society plans throughout the United States . . . A Washington, D.C., man has received a suspended jail sentence on condition that he report to a sanitarium for tuberculosis treatment. Case is said to be first of its kind . . . Many doctors skeptical of Westchester County (N.Y.) program to control airborne diseases by putting ultra-violet lamps in Pleasantville's three schools, eight churches, and one movie. Children and adults, they say, will have plenty of opportunity to become infected in places not equipped with the lamps . . . X-ray of a fracture is possible without removal of a new cast made of flexible fiber glass and plastic bandages; it weighs only one-fourth as much as a plaster cast.

► The Gary (Ind.) Post Tribune says a new voluntary prepayment plan sponsored by veterinarians "ought to win the approval of Dr. Morris Fishbein, who has long been giving the impression that socialized medicine is something that shouldn't happen to a dog". . . Iron hand: "It is a matter for the committee on ethics if any civilian practitioner refuses to return to a demobilized medical officer any appointments, office facilities, or other perquisites which belonged to the veteran prior to his service," says the council of the Indianapolis Medical Society . . . Proud of the fact that the Medical Annals of the District of Columbia opens its columns to discussion by both proponents and opponents of state medicine, its editors comment: "This is the democratic way. If we cannot withstand arguments favoring changes in medical practices to which we are opposed, our plight is sad indeed."

► Bing Crosby heading up a \$5 million fund-raising campaign for the Sister Kenny Infantile Paralysis Foundation. Half the money will be used to establish Kenny clinics, other half will go to the national organization . . . Washington oldsters who have been saying, "Watch the veterans take over," point knowingly to the appointment of Capt. Watson B. Miller as Federal Security Administrator to succeed Paul V. McNutt. Actually, Miller—who was engaged in veterans' affairs with the American Legion for

Medical Research has been doing "Double Duty" too... Doctor

The war has acted as a wonderful stimulant to medical research. Medical progress has stepped up remarkably. Advances that normally might not have been realized in years were accomplished almost overnight.

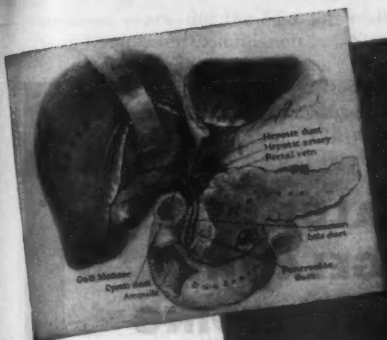
The details of these remarkable advances will come to you firsthand from the Detail Man. These representatives from the old reliable pharmaceutical manufacturers have remarkable stories that have never been published.

Therefore, it is more important than ever for you to see these Detail Men when they call, Doctor. Many of them have news of products recently made available—of new uses for old products, discovered under wartime stress. So if you can, doctor, plan to give the Detail Man enough time to tell you "What's new"—especially on his first call around.

His company equips him to bring you helpful information—to enable you to give better treatment to your patients. He isn't a doctor—nor can he tell you how to practice medicine. But he can tell you a lot about what his company's products can and can't do for your patients. And that may save you many precious hours of checking on the rationale of a product.

So get the details from the detail man . . . a specialist in service.

This advertisement is contributed by Medical Economics in the interest of finer public relations between the Medical Profession and leading Pharmaceutical Manufacturers.



SUPPORTING THERAPY in LIVER DAMAGE

Support in impaired liver function and hepatic damage, in many stubborn cases, is safely attained through the use of

SORPARIN

(Ext. *Sorbus aucuparia* 'McNeil')

Conspicuous among the pharmacodynamic actions of this recently re-investigated botanical are:

- Sorparin stimulates the functioning of liver cells.
- In a large majority of cases Sorparin dispels the indefinite dyspepsias frequently associated with hepato-biliary dysfunction.
- Is not a cholagogue nor a choleretic—may be used in obstructive types of jaundice.
- No known contraindications.
- May be used with safety in combination with bile salts (although these are not required for therapeutic efficacy), with vitamin K, antispasmodics, sedatives or sulfonamides without incompatibility.

CLINICAL INDICATIONS: Hepatitis, with and without jaundice, toxic and obstructive jaundice, chronic cholecystitis with and without stone, idiopathic hypotherbinemia and post-surgical biliary symptoms.

Available in tablets, each containing Sorparin 3 gr. Bottles of 100, 500 and 1000. Literature on request.

McNeil Laboratories

INCORPORATED

PHILADELPHIA • PENNSYLVANIA

THE VALUE OF KNOX GELATINE FOR INFANT FEEDING

Pure, unflavored Knox Gelatine (U. S. P.) has long been recognized as an easily digested supplementary protein in many types of diets.

Clinical studies on infant nutrition show that when 1% and 2% Knox Gelatine is added to infants' formulae, there is a reduction of curd tension and a significant improvement in the digestive function.

The doctor concerned with special problems in infant feeding will be interested in details of these findings in a Knox booklet on the subject. Clip the coupon below and send for your copy.



KNOX GELATINE U. S. P.

IS PLAIN, UNFLAVORED GELATINE...ALL PROTEIN, NO SUGAR

KNOX GELATINE, JOHNSTOWN, N. Y.
Dept. 448

Please send me.....FREE booklets on "THE
FEEDING OF INFANTS."

Name _____

Address _____

City _____

State _____

eighteen years—did the FSA job while McNutt concentrated on War Manpower Commission . . . Straw in the wind: Thomas C. Schumacher, executive secretary of the California Osteopathic Association, is plumping for compulsory medical insurance in California. He says years of experience have demonstrated the failure of voluntary plans, both commercial and medical . . . Veterans Administrator Omar Bradley, in his campaign to locate veterans' hospitals in cities rather than in less populous areas, is being opposed by Congressmen intent upon pork-barrel building in their districts. Incidentally, General Bradley doesn't like the word "facility" as applied to a veterans' hospital and has told his staff to stop using it.

► Walter Salek, a veteran who spent fifteen months and \$1,100 developing an artificial hand for himself, has been called in as consultant to the International Business Machines Corporation in research on artificial limbs for veterans. Each of the company's 350 engineers has been asked to make whatever contribution he can to the project . . . Stop diagnosing or treating patients except under the supervision of a licensed physician, the Health Officer of the District of Columbia warns hospital interns and residents. "During the war it was one thing," he says, "now it is another." . . . New air transport line, Skyways International Trading and Transport Company, has been formed in Miami to transport drugs and medical supplies (and nothing else) between the U.S. and South America . . . American population as of Jan. 1, 1946, estimated at 140 million people. Births in the last four years total more than 10½ million, deaths more than 5 million . . . Advertised as "perfecting bedpan technique" a new cover of disposable paper is now on market. It envelops sides as well as top of bedpan, even has panel to record patient's name, etc.

► Rep. Emory H. Price (D., Florida) pushing two bills which authorize a U.S. Naval Medical School and U.S. Military Medical School. Students would be selected and admitted in the same manner as cadets and midshipmen . . . When a physician calls in a consultant without authorization of his patient, says a California appellate court, the patient is not legally bound to pay the consultant . . . Theodore Roosevelt Distinguished Service Medals of Honor for 1945 awarded to Dr. Vannevar Bush, Director of the Office of Scientific Research and Development; Cordell Hull, former Secretary of State; and General of the Army George C. Marshall, Chief of Staff . . . According to Broadway columnist Ed Sullivan, "Pfc. Jimmy Wilson, 20-year old airman who lost all four limbs in a bomber crash, sums up the boiling resentment of all amputees. Wilson, at Thomas England General Hospital, flatly refused to go on the air with Maj. Gen. Norman T. Kirk and tell the nation that he was satisfied with, or benefited by, the artificial limbs supplied by the Government."

*Does Tampax improve
the psychological attitude
toward menstruation?*

EMPHATICALLY Yes

One of the many advantages regularly inherent in Tampon use is the freedom from the "menstrual problem" which is common to most women. Tampon use is a simple, effective, and comfortable way of dealing with the "menstrual problem" — a problem which is "tamponed" out of existence. And the use of tampons results in the "menstrual problem" being "tamponed" out of existence.

The freedom of wearing the Tampon is the freedom of wearing the Tampon. The freedom of wearing the Tampon is the freedom of wearing the Tampon. The freedom of wearing the Tampon is the freedom of wearing the Tampon.

Tampax tampons are the most comfortable, "tamponed" out of existence. "Tamponed" out of existence. "Tamponed" out of existence. "Tamponed" out of existence.

Remember, it's not a Tampon, it's a Tampon. It's not a Tampon, it's a Tampon. It's not a Tampon, it's a Tampon. It's not a Tampon, it's a Tampon.

TAMPAX

Write or call for a free trial of the most comfortable, "tamponed" out of existence. "Tamponed" out of existence. "Tamponed" out of existence. "Tamponed" out of existence.

Name _____

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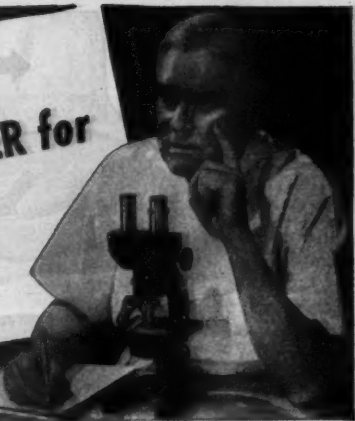


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You Need BOTH IRON and COPPER for Iron Deficiency Anemias . . .



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RESEARCH FOUNDATION

APPROVED
for
COPPER-IRON
upon periodic
tests

Here's Your Guarantee

This Seal or mention of the Foundation's name on the package is your assurance that licensed Copper-Iron products are approved upon periodic tests.

Utilization of iron in hemoglobin regeneration depends upon copper. Copper is needed to catalyze the iron for the making of hemoglobin. In Foundation-licensed compounds copper and iron are always combined in proper ratio and amounts. This assures greater certainty of response, faster recovery, higher hemoglobin levels. Dosage is smaller, gastro-intestinal upsets extremely rare and patients' cooperation much improved.

Numerous clinical studies have demonstrated these advantages on hundreds of patients. Why not standardize on Copper-Iron Compounds for your iron-deficiency anemia cases.

If you haven't read the Foundation's two interesting booklets on hemoglobin regeneration, write for them today.

WISCONSIN ALUMNI *Research* FOUNDATION
MADISON 6, WISCONSIN

REV-1945

Mail me your booklets on hemoglobin regeneration.

NAME _____

ADDRESS _____

CITY _____ ZONE _____ STATE _____





IN PARANASAL INFECTION, the treatment with ARGYROL is wisely directed to these three foci:

1. the nasal meatus . . . by 20 per cent ARGYROL instillations through the nasolacrimal duct.
2. the nasal cavities . . . with 10 per cent ARGYROL solution in drops or by nasal tamponage.
3. the fauces and pharynx . . . by swabbing with 20 per cent ARGYROL solution.

Marked relief generally follows because ARGYROL offers more than effective antiseptics, decongestion without vasoconstriction, and cleansing of the membrane. It provides also for stimulation of the membrane's inherent, natural defense mechanism.

HOW ARGYROL ACTS

DECONGESTIVE—ARGYROL's decongestive effect in the membrane is the result of its

demulcent, osmotic action. The withdrawal of ARGYROL tampons from the post-nasal cavities frequently brings forth a long, very mucous discharge measuring as much as two feet or more.

BACTERIOSTATIC—Although proved to be definitely bacteriostatic, ARGYROL is non-toxic to tissue. In nearly a half century of wide medical use of ARGYROL, no cases of toxicity, irritation, injury to cilia or pulmonary complication in human beings has ever been reported.

STIMULATING—Soothing to nerve ends in the membrane and stimulating to glands, ARGYROL's action is more than surface action. For it acts *synergistically* with the membrane's own tissue defense mechanism.

When you order or prescribe ARGYROL, make sure you specify Original Package ARGYROL.



ARGYROL

THE PHYSIOLOGIC ANTISEPTIC
WITH SYNERGETIC ACTION...

Made only by the A. C. BARNES COMPANY, NEW BRUNSWICK, N. J.
ARGYROL is a registered trademark, the property of A. C. Barnes Company

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Speaking Frankly

Profiteers

Exorbitant fees charged by a few physicians present a challenge which medicine as a whole must meet if it is to avoid being socialized. For one thing, let county medical societies buy advertising space in the newspapers to acquaint the public with the customary fees of physicians and surgeons. A schedule might show, for instance, that an average appendectomy would cost anywhere from \$100 to \$200, a hysterectomy from \$150 to \$250. The reader might also be informed that a medical society committee was ready to entertain statements from patients who felt they had been overcharged.

Only by getting off our high horse and disabusing ourselves of the notion that we cannot be called to account by the public will the profession gain the confidence and respect it should have.

Every physician has come upon cases of overcharging—or attempts at it. In one instance I recall a young man with a minor degree of hypospadias was told that he needed an operation costing \$500. When he later came to me I found that all he required was a little explanation and reassurance.

M.D., Oklahoma

Sugar

Workmen's compensation laws are intended to benefit the workman. Instead, they have built up a new form of insurance trust that feeds a

lot of milk and honey to a growing group of attorneys and insurance adjusters.

The system has left the worker more impoverished than ever by reason of a greater loss in time and money; his only gain is the spurious satisfaction of malingering. All in all, the result is proof positive that any prepayment plan for medical care will cost the patient more than it is worth—and return the physician less than he earns.

Lucien E. Myers, M.D.
Orlando, Fla.

Nomads

I have been unable to locate office space since my discharge from the Army Air Forces in April 1945. Here, in rhyme, are my feelings about the situation:

*Left office, left practice, left home
To serve on land and sea;
Left office, left practice, left home
To fight for liberty.*

*Left wife, left boy, left girl
To patch up G.I. Joe;
Left wife, left boy, left girl
To combat death—his foe.*

*Won war, won fight, won scrap
Against the Reaper Grim;
Won war, won fight, won scrap
Healed head and arm and limb.*

*Back by sea, by land, by air
To Freedom's hallowed soil;*

Donnatal

RELIEVES

SPASM

with TENSION



AVAILABLE in bottles of 100 capsules.

FORMULA: Each tablet contains belladonna alkaloids (hyoscyamine, atropine and scopolamine) equivalent to approximately 5 mg. tr. belladonna, plus 14 gr. phenobarbital.

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FULL
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A. H. ROBINS COMPANY, INC.



—when the chief aim of therapy is to provide both central and peripheral action *with safety*—Donnatal may be employed with utmost confidence.

The outstanding efficacy of Donnatal is the result of a perfectly balanced combination of the principal belladonna alkaloids (hyoscyamine, atropine and scopolamine), in fixed proportions, together with phenobarbital. Thus Donnatal provides:

1. The advantages of the natural belladonna alkaloids *without toxicity*.
2. Effective *non-narcotic* sedation.
3. Marked pharmacologic potency with small dosage at *notably less cost*.

The synergetic implementation of Donnatal makes it an ideal antispasmodic and sedative in a wide range of spastic disorders—such as spasm incident to gastric and duodenal ulcers, pylorospasm, spastic constipation, urogenital spasm, cardiovascular spasm, autonomic nervous disturbances, respiratory disturbances, Parkinsonism, vomiting of pregnancy, and other spastic manifestations.

RELIEF OF SMOOTH MUSCLE SPASM

R_x

DONNATAL 'Robins'

RICHMOND 19, VIRGINIA



**Prolonged nasal
Decongestion
without central stimulation**

The prolonged effectiveness of the Vonedrine Inhaler and its freedom from central nervous stimulation are vital aids to recuperative sleep.

VONEDRINE
PHENYLPROPYLMETHYLAMINE
INHALER

CLINICALLY SAFE. The vasoconstricting action of Vonedrine is gentle, gradual . . . without mucosal blanching, irritation or rebound turgescence. Low toxicity. May be used as often as needed to maintain nasal patency. At prescription pharmacies in plastic tubes.

VONEDRINE SOLUTION. For use as spray or drops. Available in one-ounce dropper bottles and pints.

T. M. "Vonedrine"

Reg. U.S. Pat. Off.

MERRELL

The Wm. S. Merrell Company, Cincinnati, U.S.A.

*Back by sea, by land, by air
To another battle royal.*

*Gone office, gone patients, gone home
We're nomads of the road;
Gone office, gone patients, gone home
Worry's our heavy load.*

*Unwelcome, unwanted, unsung
Beggars on horseback we;
Unwelcome, unwanted, unsung
In the land of the brave and the free.*

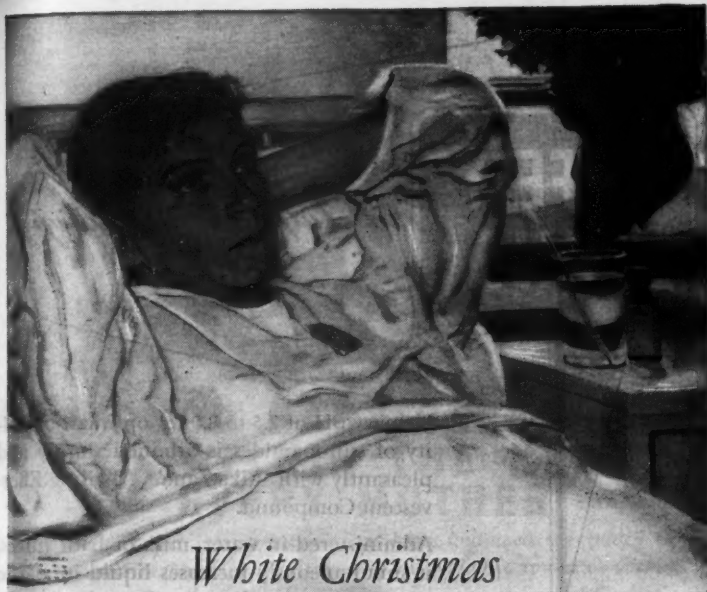
*We hoped for help, for friendship
For a mite of appreciation;
But the bum's rush is all we get
Throughout the entire nation.*
M.D., Oklahoma

Each county medical society should undertake to persuade established civilian physicians to share their offices with returning doctors. A cardiologist, a gastroenterologist, and a dermatologist, for instance, could work very well together.

M.D., New Jersey

In a recent article detailing a New York City physician's experiences after returning from military service, this statement appeared: "Psychiatry looked inviting . . . But the only residency I could find was in a state hospital, and its training wouldn't satisfy the specialty board."

The New York State Department of Mental Hygiene, of which I am acting deputy commissioner, is anxious to correct this mistaken assumption. Actually, a number of physicians from our hospitals have successfully passed their American board examinations in neurology and psychiatry. Further than that, we have worked out plans for the formal training of our residents at



White Christmas

THE WARD is quiet now — voices hushed.
Men in white beds stare at the ceiling.

Two rows of them, twelve in each row,
listening.

The radio is playing Silent Night...
there's a lump in every throat.

Tomorrow will be their White Christmas,
still away from home.

There'll be no bright packages under a
Christmas tree... no candles lighting
up the windows... no kid brother
so excited he can't sleep.

No pretty girl beneath the mistletoe...
no gray-haired man carving a turkey...
no mother opening a package tied with
a big red bow.

No...

The only things that can take the lonely

look from their eyes and put the light of
Christmas there, will be these things
from home:

Letters...

White packages with red ribbons...

Things that say, "Darling... I'm waiting!"

Things that bring new hope and love from
home... to be treasured long after this
White Christmas has gone.

BUT A GRUEN WATCH... BUT BUY A VICTORY BOND FIRST



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WAR INSTRUMENT DIVISION
"Precision," "The Pre-
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AMERICA'S CHOICE FOR OVER 70 YEARS
DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 19

SAFETY ZONE

in Sulfonamide therapy

Urinary pH of 7.5 to 8.0 for optimal solubility of sulfonamides is attained simply and pleasantly with 'Alka-Zane'* Alkaline Effervescent Compound.

Administered in water, milk or fruit juice, it simultaneously increases liquid intake to assure adequate diuresis. Crystalluria, the most common complication of sulfonamide therapy is thus obviated by one simple measure.

In solution, each heaping teaspoonful of 'Alka-Zane' Alkaline Effervescent Compound supplies:

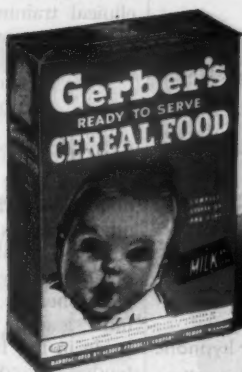
Sodium citrate	41 grains (2.70 Gm.)
Sodium bicarbonate	25.30 grains (1.60 Gm.)
Calcium phosphate	3.80 grains (0.25 Gm.)
Magnesium phosphate	3.80 grains (0.25 Gm.)
Calcium glycerophosphate	1.80 grains (0.10 Gm.)

Supplied as white granules in bottles of 1½ oz., 4 oz. and 8 oz.

'alka'zane'

*Trademark Reg. U. S. Pat. Off.

William R. Warner & Co., Inc., 113 West 18th Street, New York 11, N.Y.
PAGE 20 • MEDICAL ECONOMICS • DECEMBER 1945



A GOOD BABY CEREAL[®] PRICED WITHIN THE REACH OF EVERY MOTHER

Many physicians and infant nutritionists have endorsed the policy of making a baby cereal of high nutritional value available at a price *within the reach of every mother*—a policy pioneered by the makers of Gerber's Baby Foods.

The table below shows that iron and vitamin B₁ (from natural sources) have been added in substantial amounts to Gerber's Cereal Food to offset recognized deficiencies in the infant diet. Gerber's Cereal Food mixes to a smooth, uniform texture, is pleasant tasting and has low crude fibre content. It is pre-cooked, ready-to-serve with the addition of milk, or formula.

* IRON AND THIAMINE VALUES OF GERBER'S CEREAL FOOD

	Thiamine mg.	Iron mg.
National Research Council recommended allowances for infants.....	0.40	6.0
One ounce Gerber's Cereal Food.....	0.42	12.5
(Gerber's Cereal Food: 107 Calories per ounce.)		



GERBER PRODUCTS COMPANY

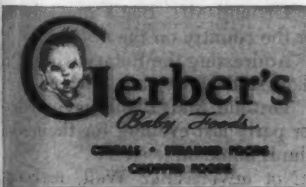
Dept. 2212-5, Fremont, Mich.

Gentlemen: Kindly send a complimentary sample of Gerber's Cereal Food and a Professional Reference Card to the following address:

Name.....

Address.....

City..... State.....



Emotional Imbalance

Menopausal Nervousness Insomnia

Its dependable sedative or hypnotic influence makes Bromidia applicable in a wide range of conditions characterized by emotional agitation or anxiety. Containing chloral hydrate, potassium bromide, and extract of hyoscyamus in a palatable vehicle, Bromidia permits of individualization of dosage as dictated by the severity of the patient's symptoms. In one-half to one dram doses it exerts a relaxing sedative influence, and in one to two dram doses it is hypnotic in action, quickly inducing refreshing sleep. Bromidia is especially useful in the menopause, either alone or in conjunction with estrogenic therapy if the latter is indicated.

BATTLE & CO.

4026 Olive St.

St. Louis 8, Mo.

BROMIDIA
(BATTLE)

PAGE 22 • MEDICAL ECONOMICS • DECEMBER 1945

two centers where, in addition to clinical training in hospitals, they will receive instruction in the basic subjects.

Newton J. T. Bigelow, M.D.
Albany, N.Y.

Moral

I note that a recent item mentioned Joseph Hergesheimer (among other men) as a physician who had achieved notable success in a field other than medicine. Actually, Mr. Hergesheimer, a personal friend of mine, is not a physician. (He takes pride in the fact that he never attended any college.)

Be that as it may, his writings indicate a profound knowledge of many technical features of medicine. The character studies in his novels have frequently included psychological analyses, clinical symptomatology, and other things which, very naturally, warrant the assumption that the author is a graduate physician.

Perhaps there is an important lesson here for us: If an author analyzes so exhaustively the symptomatology in a fictional character, a physician in the study of a living patient can scarcely do less.

Henry Pleasants, Jr., M.D.
West Chester, Pa.

Limelight

I object to the unethical methods some well known M.D.'s use to advertise themselves. For instance:

"Dr. and Mrs. Blank are leaving for the country on the 15th."

"Addressing the Rotary Club, Dr. Blank said . . ."

"Dr. and Mrs. Blank gave a dinner party last evening for their son, who is home on leave . . ."

Not advertising? Well, it keeps

Announcing
DR. ROBERT L. SMITH
*formerly a medical officer of
 the Army of the United States
 has been honorably discharged
 and is resuming practice
 at his former office at
 10 Walnut Street*

OFFICE HOURS
 9 to 11 A.M.
 2 to 6 P.M.
 Daily except Sunday



Welcome Home, Doctor!

Warriors Without Weapons...Soldiers in White...Marshals of Mercy...

The medical men in the war will be the subject of novels, plays, and movies for years to come. But words, pictures... statistics, revealing as they are... won't begin to tell the whole story of the magnificent work you did. Nor will words be adequate to express fully the appreciation and thanks of your fellow men.

The makers of Camel cigarettes join with millions of others in saying, "Well done, Doctor" and "Welcome home!"

CAMELS

*Castler
 Tobaccos*



R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

TODAY
THEIR CHANCES
ARE BETTER



*Advances in the therapy and care of arthritic patients
have considerably increased their chances for recovery....*

Many factors have aided in this improved prognosis in arthritis. Patients are seeing their physicians earlier, when more rapid improvement can be expected. The physical and dietetic care of the patient is now better understood. Greater cooperation of the patient is obtained by education, and in general a more scientific approach to the problems is made.

An outstanding contribution to the improved prognosis in arthritis is Ertron—evaluated and proved effective in thousands of cases over a ten-year period.

The results with Ertron therapy have been measured—muscle strength, joint size, weight gain, mobility—all have been tabulated in addition to other valuable information in the extensive studies which have determined Ertron's field of usefulness in the arthritic picture.

ERTRONIZE THE ARTHRITIC

To Ertronize, employ Ertron in an adequate daily dosage for a sufficiently long period to produce optimal improvement. Gradually increase the dosage to the toleration level and maintain this dosage until maximum improvement occurs. Ertronize early and adequately for best results.

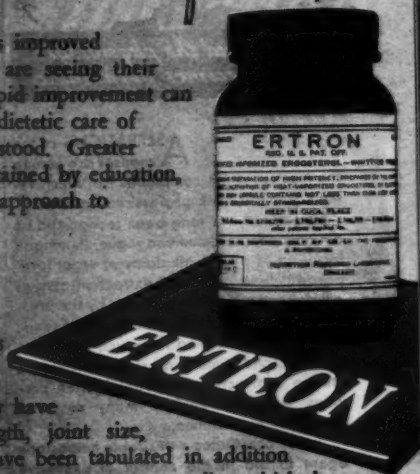
Ertron alone—and no other product—contains electrically activated vapoized ergosterol (Whittier Process).

*Supplied in bottles of 50, 100 and 500 capsules.
Parenteral for supplementary intramuscular injection.*

Ethically promoted.

Ertron is the registered trademark of Nutrition Research Laboratories

NUTRITION RESEARCH LABORATORIES • CHICAGO





A BERRATIONS of the menses are among the most common complaints for which female patients seek professional advice.

Ergoapiol has long been recognized as a highly efficient emmenagogue. Its unique inclusion of all the alkaloids of ergot (prepared by hydro-alcoholic extraction) assures a balanced action—synergized by the presence of apiol (M. H. S. Special), oil of saffron, and oil of olin. By helping to induce pelvic hyperemia, and stimulating smooth, rhythmic uterine contractions, Ergoapiol often provides welcome relief in many cases of functional disturbance.

It also constitutes a desirable hemostatic agent to aid in the control of excessive bleeding. And, as an oxytocic, it is frequently of benefit in facilitating involution of the postpartum uterus.

For a full discussion, send for copy of the booklet "The Symptomatic Treatment of Menstrual Irregularities."

INDICATIONS

Amenorrhea, dysmenorrhea, menorrhagia, metrorrhagia, in obstetrics.

Dosage: 1 to 2 capsules, 3 to 4 times daily.

Supplied: in ethical packages of 20 capsules.

MARTIN H. SMITH COMPANY
150 LAFAYETTE ST. NEW YORK, N. Y.

Ethical practice only when supplied to



with M. H. S. stable set in half of hour.

ERGOAPIOL

THE PREFERRED UTERINE TONIC

Dr. Blank's name before the public, doesn't it?

M.D., Pennsylvania

Abortion

In Russia in 1936 I saw this sign in a doctor's office: "We'll abort you the first time but do not come again for the same thing." I agree with the principle behind it: If for financial or health reasons a child is not wanted, the situation should be corrected thereafter, having been taught the correct use of contraceptives, the patient should avoid pregnancy or accept its consequences.

M.D., New Jersey

Laws regarding abortion should be liberalized so that the economic status of a family, as well as the physical condition of the pregnant patient, would get consideration.

M.D., Nevada

Itinerant

Since X-ray examination lags in rural areas, partly because of inadequate facilities and partly because of ignorance on the part of the people, we encounter far too many hopeless cases of tuberculosis. Let us therefore extend the use of the itinerant clinic, with its mobile apparatus, at the same time effecting better distribution of educational material to laymen in the rural areas.

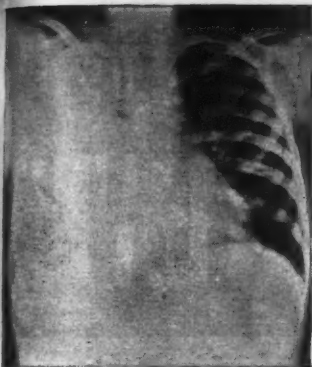
M.D., Illinois

Unbiological

The pre-med period of study should be shortened. It keeps a doctor from economic security until he's 30. This is unbiological.

M.D., New York

Only the unusual doctor will take the time and trouble to continue



1. Right lobar pneumonia (type 1) and right empyema.

Size of cavity, type of infection, and number of organisms determine the amount of penicillin to be administered in empyema. Usually 50,000 or 100,000 units in normal physiologic saline solution are injected once or twice daily directly into the empyema cavity after aspiration of pus or fluid. (Keefer, C. S.: *New Dosage Forms of Penicillin*, J.A.M.A. 128:1161 [Aug. 18] 1945.) Treatment is by instillation, rather than irrigation, because penicillin requires at least 6 to 8 hours of contact for maximum effect.

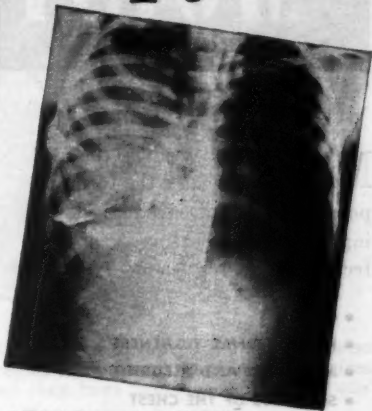
Bristol Penicillin, because of its freedom from toxicity and pyrogens, as well as absolute sterility and standard potency assures the desired pharmacologic action.

The rapidly developing new clinical uses of this potent antibiotic are abstracted in issues of the **BRISTOL PENICILLIN DIGEST**. If not receiving *your copies* regularly, write.

BRISTOL
LABORATORIES
INCORPORATED

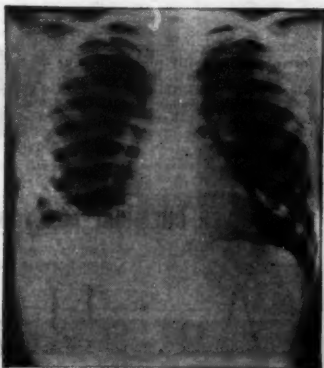
Formerly
CHEPLIN LABORATORIES INC.
SYRACUSE 1, N. Y.

Penicillin in Empyema



2. Right hydropneumothorax with lipiodol injections showing interlobar empyema.

3. After injecting Penicillin in saline into empyema cavity daily for five days.



THE RELIEF ROLE OF "MOIST HEAT"

MANY authorities advise the use of moist heat in the form of poultices for relieving the following symptoms when present in affections of the respiratory system:

- COUGH
- RETROSTERNAL TIGHTNESS
- MUSCULAR AND PLEURITIC PAIN
- SORENESS OF THE CHEST

Antiphlogistine as a medicated

poultice provides a convenient method for applying moist heat for prolonged periods.

Antiphlogistine is valuable as an adjuvant in the symptomatic treatment of Bronchitis, Tracheitis, Chest Colds, Tonsilitis, Pneumonia, Pleurisy.

Antiphlogistine may be used with Chemo-therapy.

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.

THE DENVER CHEMICAL MFG. CO., INC.
New York 13, N. Y.



PAGE 28 • MEDICAL ECONOMICS • DECEMBER 1945



THE literature is replete with reports on splendid results from massive doses of vitamin C in allergies and other C deficiency conditions, but doctors using this therapy find they have many patients who "can't take it."

For your patients who find straight vitamin C irritating, **SODASCORBATE** (sodium ascorbate) solves the problem. For the first time, **SODASCORBATE** offers vitamin C in dry, neutral form, free from the gastric irritation and acid-shift effects that so frequently result from massive doses of this vitamin.

Now you can use this effective new therapy without hesitancy—can freely administer large and frequent doses of vitamin C without undesired side-effects. Each **SODASCORBATE** Tablet contains 120 mg. of sodium ascorbate, equivalent in vita-

min C activity to 100 mg. (or 2000 U.S.P. Units) of ascorbic acid.

The average dose for adults and children over 12 years is one tablet 3 times daily; or as indicated by the condition. For children under 12, one-half tablet. For babies or very young children, one-fourth to one-half tablet may be crushed and dissolved in milk.

Supplied in bottles of 40 and 100 tablets, as well as in "hospital-size" bottle containing 500 tablets. For professional samples and covering literature, sign and mail the coupon.



SODASCORBATE
(VAN PATTEN)

VAN PATTEN PHARMACEUTICAL CO.

500 N. Dearborn, Chicago 10

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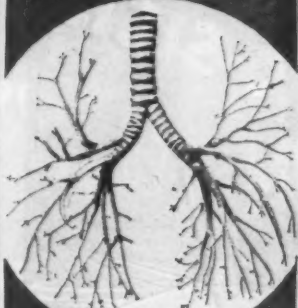
Please send samples of **SODASCORBATE** and covering literature.

Dr. _____

Address _____

Town _____ State _____

DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 29



BRONCHODILATION in Cough Management

In bronchial congestion, Nethacol aids the physiological function of cough. It relieves congestion by dilating the bronchioles . . . helps liquefy and remove congestive secretions.

NETHACOL

Brand of Expectorant and Bronchodilator

Palatable, sugar-free, non-narcotic; each fluidounce contains:

Nethamine (brand of methyl-ethylamino-phenylpropanol)	
Hydrochloride	1 gr.
Chloroform	1 gr.
F. E. Ipecac	1 min.
Ammonium Chloride	10 grs.
Menthol	$\frac{1}{8}$ gr.

DOSAGE: 1 or 2 teaspoonfuls in or with a half-glass of water.

Supplied in pints and gallons

T. M. "Nethacol" and "Nethamine"
Reg. U. S. Pat. Off.

MERRELL

THE W. M. S. MERRELL COMPANY

SPRINGFIELD, U. S. A.

clinical studies after he has received his diploma. To offset the mental laziness from which the majority of physicians suffer, pre-med studies should be increased.

M.D., Maine

Sherlocks

Fed up? All the medical officers in this Southern camp below the grade of major have to take nightly turns riding around town for five hours to check on the C.I.'s—e.g., see that their shirts are buttoned and neckties in place at all times, make them salute the car. On top of that, paper work—most of it unnecessary—takes up half our time. We are dominated by a bunch of Regular Army men who place administration and Army boards ahead of the care of the patient.

Medical Officer, Virginia

Irked

I'd like to point out to medical societies back home that there is no service gag on letters about the Wagner-Murray-Dingell bill. It is rather irritating to have our civilian brethren use our military status as propaganda against legislation, via the old and hoary device of claiming to speak for suppressed voices.

Medical Officer, Pacific

Staff

During thirty years' association with New York City hospitals, I never saw a physician denied admittance to a staff if he was willing to work up from the outpatient department. Those who make the most noise about closed staffs are those who want to attain the heights without climbing.

F. Elmer Johnson, M.D.
Springfield, Vt.

Commonest pediatric problem:

"My child
won't eat"



Even though a child may be

undernourished, his appetite often fails.

To combat anorexia caused by a lack of important

B vitamins, pediatricians increasingly

prescribe 'Ryzamin-B' No. 2. Containing the natural B

complex as a concentrate of *oryza sativa* (American rice)

polishings, 'Ryzamin-B' No. 2 also supplies potent

synthetic B factors. Children enjoy this rich, honey-like,

tasty B complex preparation taken directly from the special

measuring spoon, as a delicious spread when mixed

with jam or peanut butter, or dissolved in milk, fruit juices,


favorite beverages. The doctor often solves

his commonest pediatric problem with 'Ryzamin-B' No. 2.

'RYZAMIN-B' BRAND RICE
POLISHINGS
CONCENTRATE **No. 2**

WITH ADDED THIAMINE HYDROCHLORIDE, RIBOFLAVIN, NICOTINAMIDE
'Ryzamin-B' reg. trademark

Tubes of 2 oz. and bottles of 8 oz. . . . Each gram contains: Vitamin B₁ (Thiamine Hydrochloride) 1 mgm. (333 U.S.P. Units); Vitamin B₂ (Riboflavin) 0.67 mgm.; Nicotinamide 6.7 mgm. and other factors of the B complex. Gram measuring spoon with each packing.

 BURROUGHS WELLCOME & CO. (U.S.A.) INC., 9 & 11 E. 41ST ST., NEW YORK 17

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B Complex therapy for the aged

"... the elements of the Vitamin B Complex are particularly indicated in older people — as a person gets older his carbohydrate intake is apt to be increased, and he needs certain components of the complex for catalysts of the carbohydrates to assist digestion."

New Eng. J. Med. (Feb.) 1943

Eskay's Pentaplex

For his elderly patients, the physician will find Pentaplex the B Complex therapy of choice. An elixir compounded from five important factors* of the Vitamin B Complex *in their crystalline forms*, Pentaplex is so outstandingly palatable that even the most difficult patient will take it regularly, in adequate dosage, for as long as the physician directs. Smith, Kline & French Laboratories, Philadelphia, Pa.

makes
B Complex
therapy
palatable

*Contains thiamine hydrochloride, riboflavin, niacin, pyridoxine hydrochloride, and pantothenic acid.

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of
(b)

YES SIR, Jim, I know KOAGAMIN well and use it confidently whenever I encounter capillary or venous bleeding. In fact, I find it a very useful routine procedure preoperatively. It tends to clear the field and to obviate the danger of secondary hemorrhage. You know, KOAGAMIN acts materially to reduce the clotting time of the blood and that's a wise precaution wherever bleeding is a problem. Go ahead, Jim, use it on that case of yours. And you'll see I'm right.

See KOAGAMIN on pages 1-3



CHATHAM PHARMACEUTICALS, INC., NEWARK 2, NEW JERSEY, U.S.A.

Distributed in Canada by: FISHER & BURPE, LTD., Winnipeg, Manitoba

VASCULAR PERMEABILITY

A basic factor in
allergic hypersecretion



In hay fever and other forms of allergic hypersecretion, relief can be achieved only by arresting the mucosal weeping. That is precisely the action of SUPRARENAL CONCENTRATE ARMOUR. This preparation appears to influence vascular permeability. It exerts a drying and shrinking effect on the pale soggy mucous membrane. The drying action of SUPRARENAL CONCENTRATE ARMOUR also makes it of value in many cases of subcutaneous edema of unknown etiology.

In SUPRARENAL CONCENTRATE ARMOUR, the epinephrine naturally

present in the fresh glandular tissue has been reduced to a minimum and the connective tissue and other inert cellular structures removed. This permits the oral administration of substantial amounts of suprarenal gland medication without producing gastric or intestinal discomfort. The adult dose is two capsules t.i.d. with meals until the desired effect is obtained—then a maintenance dose as required, usually one capsule t.i.d. It is desirable also to start with one capsule daily and increase one daily until full dosage is being given.

Have confidence in the preparation you prescribe—specify ARMOUR

Rx Suprarenal
Concentrate
Armour

**THE ARMOUR
LABORATORIES**

CHICAGO 9, ILLINOIS

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN

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Editorial

Single-Package Prepay Plan

Combination offers are an established practice in general merchandising but a new departure in the sale of voluntary health insurance. For years, women have been buying clothing ensembles (*e.g.*, matching suit, coat, and hat) while their husbands, on the same principle, have been buying cars (*viz.*, as complete units, rather than with bumpers, spare tire, and other accessories extra as in the past). When the combination is logical, it benefits both the seller and the buyer. And with respect to health insurance—as with cars and clothing—it is logical. What's more, it is inevitable; for if the seller doesn't offer it, the buyer will demand it.

Now that hospital service plans are well entrenched with 20 million subscribers and medical service plans are on their early way with 2 million, the call for a combination or all-in-one-package plan is becoming more and more insistent. John Citizen maintains that there's absolutely no reason why he should pay two premiums to two organizations for two kinds of coverage when a single, hospital-and-medical-service-insurance "package" is possible.

And he's right.

The main problem is one of control. Some Blue Cross leaders, in earlier campaigning for a joint program, gave physicians the impres-

sion that they sought to dominate medical affairs. This they now say was unintentional. According to Dr. Frank P. Hammond, medical director of Chicago's Plan for Hospital Care: "Hospital service plans want no part in the control of medical aspects of medical service plans. Not to the slightest extent do they desire to formulate or control professional policy relating to rates, benefits, or types of service. Every phase of the administration of medical care plans must be under the supervision of the medical society under whose sponsorship the plan operates. Hospital service plans are well aware that without professional good will there is some doubt that they could survive." What the hospitalization plans are saying to the medical profession, Dr. Hammond reports, is essentially this: "During the process of establishing and promoting and operating your program the hospital care plans will place at your disposal their complete office facilities, actuarial data, and accounting systems—including the personnel to handle them."

Even if it is assumed that certain Blue Cross people would like to be in a position to dictate to the medical profession, the risk need be slight—provided that in any arrangement for coordinating medical and hospital service plans each main-

tains its own corporate status and its own administrative staff. On such a basis the medical plan establishes all policies under which it wants to operate. It hires the hospital plan, as an independent contractor, merely to handle its sales, promotion, advertising, collections, etc.

Failure to coordinate medical and hospital service plans means disorganized public relations, duplication of effort, less economical operation, double payroll deductions, and a host of other drawbacks. Success in coordinating the plans promises exactly the reverse. And that's not all: Blue Cross will then be able to satisfy its many subscribers who have been clamoring for medical as well as hospital service coverage. The medical plans, by gaining impetus from Blue Cross growth, should register striking gains.

There has never been much doubt about the wisdom of cooperating with the hospital service organizations. The big question has been "How?" Some arrangements have worked only moderately well. Others have been downright flops. The one mentioned here, however,

embracing separate organizations and administrative personnel, has proved its merit in Michigan, California, and elsewhere. It has three or four times the number of subscribers covered under other arrangements.

It is gratifying to see organized medicine recognize at last the urgency of the need to coordinate hospital and medical service prepayment. A national meeting to discuss the problem was held several weeks ago in Chicago, with representatives present from most of the state medical associations. As this issue of MEDICAL ECONOMICS comes off the presses, a similar meeting will be in progress there to crystallize a pattern of action. If successful coordination is realized, it will be the most important economic achievement of organized medicine in a decade. For without the development of a unified, single-package, medical-hospital service plan, the profession might just as well resign itself to the prospect of having the Government produce its own package, tied neatly with red tape.

—H. SHERIDAN BAKETEL, M.D.

Labor Saving

It happened during my residency in a maternity hospital: I was scrubbing in preparation to assisting the obstetrician who had not yet arrived. The patient, a highly parous multipara, was on the table, and anesthesia had been started.

Hearing a frantic cry from the anesthetist, I dashed into the delivery room and found her forcing a catheter down the trachea. The patient was cyanotic and there was no respiration, so I mounted the table, straddled her, and began artificial respiration. Meanwhile the nurse administered cardiac stimulants.

Suddenly the patient heaved a deep breath and at almost the same time I heard the cry of the infant from between my legs. Just then the obstetrician walked in. "How do you do?" I said.

—M.D., NEW YORK

Aid for the Demobilized Doctor: The Medical Society's Role

*Here, briefly, is what it can do to ease
his way back into civil practice*



Some medical associations have established ambitious programs to help the demobilized medical officer re-establish himself in private practice. Others have done little or nothing. In most instances the returning physician can reasonably expect his society to attempt these things:

FINANCIAL AID

Encourage civilian doctors to establish a fund through outright contributions or through the loan of war bonds or cash for a stated period, say, ten years. Thus enable ex-medical officers who are in need of financial assistance to borrow reasonable sums for the purpose of setting themselves up in practice.

HOSPITAL CONNECTIONS

See that returning service physicians are restored immediately to full privileges at hospitals and to staff seniority. Ask existing staffs to review the qualifications of their current members and to invite practitioners returning from military service to submit their qualifications for new appointment or for staff reclassification. Set up machinery whereby any physician who feels he has not been given full consideration by a hospital can have his case reviewed.

RETURN OF PATIENTS

Urge civilian practitioners to re-

turn patients to the men who cared for them before going into service; consider disciplinary action for those who refuse. Publish periodically a newspaper advertisement listing the names of physicians who have returned to private practice. Maintain a cumulative list in the medical society bulletin.

OFFICE, LIVING QUARTERS

Keep in constant touch with real estate agents in the vicinity; list all suitable locations for physicians. Query civilian practitioners about the possibility of making room in their professional suites for returning service doctors.

EQUIPMENT

Set up a special committee, including representatives of the local surgical supply houses, to expedite the purchase of new and used equipment by demobilized men.

POST-GRADUATE EDUCATION

Devote special effort toward helping the medical officer find the exact sort of post-graduate education he needs; more than that, try to open new avenues of education for him. Hospitals, for instance, have been asked by one state medical society to accept returning medical officers as unofficial observers for periods of from one to three months. A county society has arranged with a number of surgeons

to take on several men as first operative assistants for periods of from one to two months.

List the subjects, time schedules, and fees of formal post-graduate courses in schools within a reasonable distance. Arrange to have the society's counsel assist veterans in obtaining educational assistance under the G.I. Bill of Rights.

MEDICAL BUSINESS BUREAU

Instruct the society's business bureau to furnish free services to returning physicians for six months. Arrange for assistance in setting up books; obtaining telephone, light,

and other utility services; etc.

DUES EXEMPTION

Suspend dues for demobilized men for a period of up to two years.

GROUP PRACTICE

Set up a liaison unit so that men who wish to become associates in group practice may be brought together.

INDUSTRIAL PRACTICE

List the names of ex-medical officers who wish to enter industrial practice, either full-time or part-time, and have it available when inquiries are made by factory managers.

—A. G. ROSE

'Straw Man' May Cheat Investor

Not long ago, a mechanic, living in an unimpressive house on a side street, went into bankruptcy. He owed, according to his schedules, almost nine million dollars—and he had no assets.

For years he had been a professional "straw man." He had engaged in 238 mortgage transactions in which a principal wanted to evade personal liability. The procedure in each case was relatively simple. A man who owned a piece of property would decide to mortgage it. (Ordinarily he'd create a mortgage and give a personal bond in addition. Then, if he were forced later to foreclose, the mortgagee could sue for any deficiency—after a forced sale of the property—on the personal bond.) But to avoid the liability on the bond, the prospective mortgage would call in the straw man, deed the property to him, and arrange to have him mortgage it. When that subterfuge had been completed, the straw man would deed the property back to the real owner, together with the proceeds of the mortgage—less a fee of \$10 or so.

The mortgagee could, of course, bring a foreclosure action on the mortgage, but if a deficiency resulted he could collect nothing on the bond, because the straw man had no financial resources.

V.A. Invites Participation of 'Best' Private Physicians

*Will also build hospitals near medical
schools and establish residencies*



Physicians and medical educators last month were lauding two major changes in Veterans Administration policy:

¶ A plan whereby "large numbers of civilian physicians" would devote part of their time to the care of veterans in Veterans Hospitals so located as to obtain the services of the "best" men in private practice.

¶ A bill introduced for the V.A. by Representative John E. Rankin (D., Miss.) to authorize a department of medicine and surgery in the administration and to provide, among other things, for the establishment of residencies and post-graduate training generally for V.A. doctors and the eventual establishment of a large permanent medical staff.

General Omar Bradley appeared to be putting his new policy of decentralization into effect with a vengeance. Recently this reporter discussed with him his reorganization of the V.A.'s medical establishment, as well as its past weaknesses. The greatest administrative errors, the general observed, had been (1) a failure to utilize civilian practitioners in the care of the veteran ("a veteran is a civilian, and should have the best care that a civilian can get") and (2) stagnation of V.A. doctors who had been cut off

from helpful contact with civilian physicians and institutions. General Bradley feels that it is impossible to give veterans adequate care if the program is confined to a permanent, full-time medical organization. That plan failed in the past, he says, because (1) good doctors wouldn't work for the salaries the V.A. offered; (2) hospitals were built in out-of-the-way locations, where their staffs lost contact with modern medical practice; and (3) the administration failed to encourage initiative on the part of the individual.

The general's plan for utilizing private practitioners is tied in with the authorized program of nineteen new V.A. hospitals. "We have got to build hospitals," he declared, "where the doctors we want are available." This reverses the old formula of bringing the facilities to the veteran; however, smaller hospitals will be available for emergency treatment in less populous areas.

Of the nineteen new hospitals scheduled for construction (with a total capacity of 11,100 beds), thirteen (with 9,950 beds) will be situated near medical schools. This is much to the liking of the schools—some of them have even offered sites on their own campuses.

During the interview, General

Collection Nudge

Six weeks after a delivery, I mail my statement. On it I note the time of the mother's next appointment and request her to acknowledge it. When she does, I know my bill has been received. As a matter of fact, following this reminder, the patient is usually prepared when she comes in for her first post-natal examination.

—M.D., NEW YORK

Bradley introduced Dr. Paul Magnuson, professor of orthopedic surgery, Northwestern University, who has joined the V.A. to expand its research and training program. Dr. Magnuson said that cooperation between the civilian doctor and the Veterans Administration was long overdue. However, he pointed out, "you can't push a good doctor into anything; he must come in because he wants to be of service. And that's the only kind of doctor we want.

"Doctors work because they love it," he added, "but a good doctor wants to take care of his patient, not spend his time signing papers."

In this connection, General Bradley said that a special board was working out a simplification of the record and report system, and that plans were already under way to have virtually all paperwork handled by special administrative, technical, and clerical personnel.

It is the belief of Maj. Gen. Paul R. Hawley, acting Surgeon General of the administration, that the best place to get the services of outstanding specialists and consultants—either on a part-time salary or a fee basis—is in the vicinity of the

country's largest medical centers.

General Hawley wants every doctor to be actively associated with his local, state, and national medical organization. He hopes for the time when no medical society's meeting will be complete without a paper by an active V.A. physician.

"In appointing consultants," says the acting surgeon general, "care must be exercised to get only those physicians who are highly regarded by the rest of the profession, so that the appointments will become a mark of quality. We want no one to be ashamed of working with the Veterans Administration."

As far as possible, the V.A. will try not to work any individual hardships on doctors long in its service by forcing them to move to new localities as a result of the new decentralization program. But General Hawley declared that new men coming in on a full-time basis will have to agree to be moved when the veterans' interest would be best served by such a transfer. In the past, he said, too many men became stale and their usefulness was impaired by staying in one place for as long as twenty years.

"The V.A. needs about 3,600 physicians," says General Hawley. "It now has some 2,300, of whom 1,700 are on loan from the Army and the Navy. If the entire load is to be carried on by full-time physicians, 1,500 more will be needed. The large majority of those lent by the Army and Navy are unhappy and dissatisfied, for very evident reasons. Obviously, therefore, the situation is critical."

More progress has been made in the past six months by men and organizations cooperating with the V.A.'s Section of Prosthetics, ac-

According to General Hawley and Dr. Magnuson, than in the preceding fifty years. Among the famous research scientists thus engaged is C. F. Kettering of General Motors.

The proposed Department of Medicine and Surgery (H.R. 4225) would provide for a medical corps, a dental corps, a nursing corps, and auxiliary and reserve corps. It would be under the direction of a surgeon general, who would be assisted by one deputy and eight assistant surgeons general. The surgeon general and his deputy, the bill stipulates, must be physicians. In addition, there would be a permanent medical corps of 2,600 physicians in various grades; they would enjoy salary parity with medical officers in the Army.

Another aspect of the V.A.'s plans to augment its medical establishment is a plan to employ demobilized medical officers "who wish to continue training in various specialties in preparation for board certification." In addition, a number of certified men will be appointed as junior consultants on a part-time basis. "These men," says the V.A., "will retain their positions in medical schools as teachers and will establish in near-by veterans' hospitals services of the same

quality maintained in other hospitals connected with the schools.

"Younger men will be appointed as full-time ward surgeons, giving them, in effect, residencies and fellowships. Such service under senior and junior consultants will be approved by the American Medical Association, the American College of Surgeons, the American College of Physicians, and the various specialty boards. The medical schools will be responsible for the teaching of fundamental sciences and will certify to the performance of the necessary work of each ward officer. Ward officers will be rotated between various services in their respective hospitals so the training will be broad, and will also be under the supervision of board-certified men. Any branch of the requirements for board certification that cannot be fulfilled in V.A. hospitals will be supplied by the medical school, so the training will be complete."

The administration has announced that young medical officers now with the armed forces may be transferred to the V.A. upon signing an agreement to remain in it for six months after the official termination of the war.

—OGDEN A. BEAL

As Ye Sew . . .

I had done an ordinary appendectomy and sent a bill for \$150, my customary fee. In due time, the patient's wife came in with a check. "I think it was grand of you to make such a wonderful reduction," she beamed. "Reduction?" I stammered. "Oh, we know," she replied, "that you surgeons charge \$100 an inch. So when we measured John's incision, we figured we owed you \$400."

—M.D., MARYLAND

Planning to Relocate? Here's a Guide to State Licensure

Preliminary hints that will orient you in seeking a new license



If you are licensed in one state and plan to relocate in another, scan the table in the pages following, which indicates the reciprocal relations among the states and territories. The table can serve only as a general guide: Your next step will be to write to the licensing board of the state in which you are interested and request full information as to its requirements, fees, examinations, etc. (See accompanying list of licensing board addresses.)

Certain states¹ reciprocate at the discretion of the board. If your heart is set on moving into one of them and if, according to the table, your license is not endorsed there, ask the board if it will exercise its discretion in your favor.

About half the states² require the applicant to have completed his internship before asking for a license. Most M.D.'s these days have had internships of course; but not all internships satisfy the boards of the

states which require them. Some of the largest states (e.g., New York, Massachusetts, Ohio, Texas) have no internship requirements at all. Where a full year's internship is a prerequisite, the state will probably accept a nine months' service if it was supplemented by three additional months in the armed forces.

Graduates of foreign medical schools will find their choice of states somewhat restricted. While alumni of the approved Canadian schools should have no difficulty qualifying for state board examinations, graduates of schools in other parts of the world are not admitted to the examinations of twenty states³. The remaining states accept foreign credentials subject to certain limitations.

The certificate of the National Board of Medical Examiners is recognized in one form or another in all states except Florida, Montana, Texas, and Wisconsin. However, in some jurisdictions⁴, supplemental examinations—they are usually oral—are re-

[Continued on page 51]

¹Alabama, Arizona, California, Colorado, Connecticut, Delaware, Maryland, Minnesota, Missouri, Montana, New Hampshire, New Jersey, New Mexico, New York, North Carolina, Ohio, Oklahoma, Oregon, Pennsylvania, Texas, Utah, Vermont, Virginia, Wisconsin, Wyoming, and the District of Columbia.

²Alabama, Delaware, Idaho, Illinois, Iowa, Michigan, Montana, Nevada, New Hampshire, New Jersey, New Mexico, North Dakota, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Utah, Vermont, Washington, West Virginia, Wisconsin, Wyoming, and the District of Columbia.

³Arizona, Arkansas, Illinois (except for graduates of Swiss medical schools), Kentucky, Louisiana, Minnesota, Montana, Nevada, New Mexico, New York (if matriculated after 1939), North Carolina, Oklahoma, Oregon, South Carolina, Tennessee, Utah, Vermont, West Virginia, Wisconsin, and Wyoming.

⁴Connecticut, Illinois, Maine, Rhode Island, Wyoming, Michigan, North Dakota, Pennsylvania, and Washington.

LICENSE RECIPROCITY, STATES AND TERRITORIES

	Ala.	Ariz.	Ark.	Cal.	Colo.	Conn.	Del.	D. C.
Ala.			x	x	x		x	x
Ariz.								
Ark.	x	x		x	x			x
Calif.								
Colo.								
Conn.								
Del.								
D. C.								
Fla.	No reciprocity							
Ga.	x		x	x	x			x
Idaho	No reciprocity							
Ill.	x		x	x	x			
Ind.	x		x	x	x			x
Iowa	x		x	x	x		x	x
Kans.	x	x	x	x			x	x
Ky.	x		x	x	x		x	x
La.	x	x	x	x	x		x	x
Me.			x	x	x		x	x
Md.	x		x	x				x
Mass.	No reciprocity							
Mich.	x	x	x	x	x	x	x	x
Minn.	x		x	x			x	
Miss.	x	x	x	x	x	x	x	x
Mo.								
Mont.								
Neb.	x	x	x	x	x	x	x	x
Nev.			x	x	x			
N. H.								
N. J.	x			x	x			x
N. M.								
N. Y.								
N. C.								
N. D.	x		x	x	x			
Ohio	x	x	x	x	x	x	x	x
Okla.								
Ore.								
Pa.								
R. I.	No reciprocity							
S. C.	x							x
S. D.	x	x	x	x	x			
Tenn.	x	x	x	x	x	x	x	x
Texas								
Utah								
Vt.								
Va.	x		x	x			x	x
Wash.	x			x	x			
W. Va.	x		x				x	x
Wis.								
Wyo.								
Alaska	x		x	x	x	x		x
Hawaii	No reciprocity							
P. Rico								

(Continued on next page)

LICENSE RECIPROCITY, STATES AND TERRITORIES (Continued)

	Fla.	Ga.	Idaho	Ill.	Ind.	Iowa	Kan.	Ky.
Ala.		x		x	x	x	x	x
Ariz.								
Arik.		x		x	x	x	x	x
Calif.								
Colo.								
Conn.								
Del.								
D. C.								
Fla.	No reciprocity							
Ga.					x	x	x	x
Idaho	No reciprocity							
Ill.					x	x	x	x
Ind.		x		x		x	x	x
Iowa		x		x	x		x	x
Kans.		x		x	x	x		x
Ky.		x		x	x	x	x	
La.		x		x	x	x	x	x
Mo.		x		x	x	x	x	x
Md.		x		x	x	x	x	x
Mass.	No reciprocity							
Mich.		x		x	x	x	x	x
Minn.		x				x		x
Miss.		x		x	x	x	x	x
Mo.								
Mont.								
Neb.		x		x	x	x	x	x
Nev.		x		x	x	x	x	x
N. H.								
N. J.		x		x	x	x	x	x
N. M.								
N. Y.								
N. C.								
N. D.		x		x	x	x	x	x
Ohio		x		x	x	x	x	x
Okla.								
Ore.								
Pa.								
R. I.	No reciprocity							
S. C.		x					x	x
S. D.		x			x	x	x	x
Tenn.		x		x	x	x	x	x
Texas								
Utah								
Vt.								
Va.		x			x	x	x	x
Wash.		x				x		x
W. Va.		x		x	x	x	x	x
Wis.								
Wyo.								
Alaska					x		x	x
Hawaii	No reciprocity							
P. Rico								

LICENSE RECIPROCITY, STATES AND TERRITORIES (Continued)

	La.	Mo.	Md.	Mass.	Mich.	Minn.	Miss.	Mo.
Ala.	x	x	x		x	x	x	x
Ariz.								
Ark.	x	x	x	x	x	x	x	x
Calif.								
Colo.								
Conn.								
Del.								
D. C.								
Fla.	No reciprocity							
Ga.	x	x	x		x	x	x	x
Idaho	No reciprocity							
Ill.	x	x	x		x		x	x
Ind.	x	x	x		x		x	x
Iowa	x	x	x		x		x	x
Kans.	x	x	x		x		x	x
Ky.	x		x		x	x	x	x
La.		x	x		x	x	x	x
Me.	x		x		x	x		x
Md.	x	x			x	x	x	x
Mass.	No reciprocity							
Mich.	x	x	x			x	x	x
Minn.	x	x	x		x		x	x
Miss.	x	x	x		x	x	x	x
Mo.								
Mont.								
Neb.	x	x	x		x	x	x	x
Nev.	x	x	x		x	x	x	x
N. H.								
N. J.	x	x	x		x	x		x
N. M.								
N. Y.								
N. C.								
N. D.	x	x			x			x
Ohio	x	x	x		x	x	x	x
Okla.								
Ore.								
Pa.								
R. I.	No reciprocity							
S. C.	x	x	x		x			x
S. D.	x				x	x	x	x
Tenn.	x	x	x		x	x	x	x
Texas								
Utah								
Vt.								
Va.	x	x	x		x	x	x	x
Wash.	x		x		x	x	x	x
W. Va.	x	x	x		x	x	x	x
Wis.								
Wyo.								
Alaska			x		x	x		x
Hawaii	No reciprocity							
P. Rico								

(Continued on next page)

LICENSE RECIPROCITY, STATES AND TERRITORIES (Continued)

	Mont.	Neb.	Nev.	N. H.	N. J.	N. M.	N. Y.	N. C.
Ala.	x	x	x		x	x	x	x
Ariz.		x						
Ark.		x	x		x	x	x	x
Calif.								
Colo.								
Conn.								
Del.								
D. C.								
Fla.	No reciprocity							
Ga.		x	x	x	x	x		x
Idaho	No reciprocity							
Ill.		x	x		x			
Ind.		x	x	x	x	x	x	x
Iowa	x	x	x	x	x	x		x
Kans.	x	x	x	x	x	x		x
Ky.	x	x	x	x	x	x		
La.		x	x	x	x	x	x	x
Me.	x	x	x		x	x		
Md.	x	x	x	x	x	x	x	x
Mass.	No reciprocity							
Mich.	x	x	x	x	x	x		x
Minn.	x	x	x	x	x	x		x
Miss.	x	x	x	x	x	x		x
Mo.								
Mont.								
Neb.	x	x	x	x	x	x	x	x
Nev.	x	x		x			x	
N. H.								
N. J.		x		x			x	
N. M.								
N. Y.								
N. C.								
N. D.	x	x	x	x	x	x		x
Ohio	x	x	x	x	x	x		x
Okla.								
Ore.								
Pa.								
R. I.	No reciprocity							
S. C.				x	x			x
S. D.	x	x	x			x		x
Tenn.	x	x		x	x	x	x	x
Texas								
Utah								
Vt.								
Va.	x			x	x	x	x	x
Wash.	x	x						
W. Va.	x	x	x		x			x
Wis.								
Wyo.								
Alaska			x	x	x			x
Hawaii	No reciprocity							
P. Rico								

LICENSE RECIPROCITY, STATES AND TERRITORIES (Continued)

	N. D.	Ohio	Okla.	Ore.	Pa.	R. I.	S. C.	S. D.
Ala.	x	x	x	x	x		x	x
Ariz.								
Ark.	x	x	x		x		x	x
Calif.								
Colo.								
Conn.								
Del.								
D. C.								
Fla.	No reciprocity							
Ga.	x	x	x	x	x		x	x
Idaho	No reciprocity							
Ill.	x	x	x	x	x			
Ind.	x	x	x	x	x			x
Iowa	x	x	x		x			x
Kans.	x	x	x		x		x	x
Ky.		x	x		x		x	x
La.	x	x	x	x	x		x	x
Me.	x	x	x	x	x		x	
Md.		x	x	x	x		x	
Mass.	No reciprocity							
Mich.	x	x	x	x	x		x	x
Minn.			x	x	x			x
Miss.	x	x	x	x	x		x	x
Mo.								
Mont.								
Neb.	x		x	x	x		x	
Nev.		x	x	x	x			x
N. H.								
N. J.	x	x	x		x			
N. M.								
N. Y.								
N. C.								
N. D.		x	x	x	x			x
Ohio	x		x	x	x		x	x
Okla.								
Ore.								
Pa.								
R. I.	No reciprocity							
S. C.		x	x		x			
S. D.	x	x	x	x			x	
Tenn.		x	x		x		x	x
Texas								
Utah								
Vt.								
Va.		x	x		x		x	x
Wash.		x	x	x	x			x
W. Va.	x	x	x		x		x	x
Wis.								
Wyo.								
Alaska	x	x	x	x				
Hawaii	No reciprocity							
P. Rico					x			

(Continued on next page)

LICENSE RECIPROCITY, STATES AND TERRITORIES (Continued)

	Tenn.	Texas	Utah	Vt.	Va.	Wash.
Ala.	x	x		x	x	x
Ariz.						
Ark.	x	x		x	x	
Calif.						
Colo.						
Conn.						
Del.						
D. C.						
Fla.	No reciprocity					
Gu.	x	x	x	x	x	x
Idaho	No reciprocity					
Ill.	x	x	x	x	x	
Ind.	x	x	x	x	x	
Iowa	x		x		x	x
Kans.	x	x	x	x	x	
Ky.	x	x	x	x	x	x
La.	x	x	x	x	x	x
Me.	x	x	x	x	x	
Md.	x	x		x	x	
Mass.	No reciprocity					
Mich.	x	x	x	x	x	x
Minn.	x	x	x	x	x	x
Miss.	x	x	x	x	x	x
Mo.						
Mont.						
Neb.	x	x	x	x	x	x
Nev.	x		x	x		
N. H.						
N. J.		x	x	x	x	
N. M.						
N. Y.						
N. C.						
N. D.		x	x	x	x	x
Ohio	x	x	x	x	x	x
Okla.						
Ore.						
Pa.						
R. I.	No reciprocity					
S. C.	x	x			x	
S. D.	x	x	x	x	x	x
Tenn.		x	x		x	x
Texas						
Utah						
Vt.						
Va.	x	x		x		x
Wash.	x	x	x	x	x	
W. Va.	x	x	x	x	x	
Wis.						
Wyo.						
Alaska	x	x	x	x	x	x
Hawaii	No reciprocity					
P. Rico						

LICENSE RECIPROcity, STATES AND TERRITORIES (Continued)

	W. Va.	Wis.	Wyo.	Alaska	P. Rico
Ala.	x	x	x	x	
Ariz.					
Ark.	x	x	x	x	
Calif.					
Colo.					
Conn.					
Del.					
D. C.					
Fla.	No reciprocity				
Gu.	x	x			
Idaho	No reciprocity				
Ill.	x	x	x	x	
Ind.	x	x	x	x	
Iowa	x	x	x		
Kans.	x	x	x	x	
Ky.	x	x			
La.	x	x	x		
Me.	x	x	x		
Md.	x	x		x	
Mass.	No reciprocity				
Mich.	x	x	x	x	
Minn.	x	x	x	x	
Miss.	x	x	x	x	
Mo.					
Mont.					
Neb.	x	x		x	
Nev.	x	x		x	
N. H.					
N. J.	x	x			
N. M.					
N. Y.					
N. C.					
N. D.	x	x	x	x	
Ohio	x	x	x	x	
Okla.					
Ore.					
Pa.					
R. I.	No reciprocity				
S. C.	x		x		
S. D.	x	x	x		
Tenn.	x	x	x		
Texas					
Utah					
Vt.					
Va.	x	x	x		
Wash.		x		x	
W. Va.		x	x	x	
Wis.					
Wyo.					
Alaska	x	x			
Hawaii					
P. Rico	No reciprocity				

quired. And, of course, the other requirements (as to citizenship, internship, etc.) are not waived for holders of the National Board diploma.

Certain privileges are given to honorably separated medical officers; in some states, they are exempt from character testimonials, and in a few from examinations. But for the most part, these privileges are given only to applicants who "otherwise comply." Thus, if your school is not approved by the state, your commission in the Army or Navy is not sufficient to wipe out this handicap.

In addition to the regular examinations in the practice of medicine, some states⁵ require special examinations in anatomy, pathology, physiology, bacteriology, and chemistry.

⁵Arizona, Arkansas, Colorado, Connecticut, District of Columbia, Florida, Iowa, Michigan, Minnesota, Nebraska, New Mexico, Oklahoma, Oregon, Rhode Island, South Dakota, Tennessee, Wisconsin, and Washington.

Even if the state of your choice reciprocates with the state in which you are licensed, it is not just a matter of moving out there and opening an office. For instance, some states require that you must have actually practiced in the original state; or that your internship complies with certain requirements; or that you take an oral re-examination if many years have elapsed since the issuance of your original license.

Remember, too, that it is not so much the possession of a license in a state that counts, but the fact that you have *passed its examination*. In other words, you can't pyramid one reciprocity on another: Having passed the Massachusetts examination may entitle you to an Arkansas license, but the Arkansas license will not get you a license, via reciprocity, with Alabama (the reason being that Alabama does not license holders of Massachusetts certificates by endorsement). —E. K. SPARLING

OFFICIAL LICENSING BODIES OF STATES AND TERRITORIES, WITH NAMES AND ADDRESSES OF THEIR SECRETARIES

Alabama	Dr. B. F. Austin, State Board of Medical Examiners, 519 Dexter Ave., Montgomery 4, Ala.
Alaska	Dr. W M. Whitehead, Board of Medical Examiners, Box 561, Juneau, Alaska.
Arizona	Dr. J. H. Patterson, State Board of Medical Examiners, 826 Security Bldg., Phoenix, Ariz.
Arkansas	Dr. L. Owens, State Medical Board, Harrison, Ark.
California	Dr. Frederick N. Scatena, Board of Medical Examiners, 1020 "N" St., Sacramento 14, Calif.

[List continued on next page]

Canal Zone	Dr. C. M. Stayer, Chief Health Officer, Balboa, Heights, C.Z.
Colorado	Dr. J. B. Davis, State Board of Medical Examiners, 831 Republic Bldg., Denver, Colo.
Connecticut	Dr. Creighton Barker, Medical Examining Board, 258 Church St., New Haven, Conn.
Delaware	Dr. J. S. McDaniel, Medical Council of Delaware, 229 South State St., Dover, Del.
Dist. Col.	Dr. G. C. Ruhland, Commissioner on Licensure, 6150 E. Municipal Bldg., Washington, D.C.
Florida	Dr. Harold D. Van Schauck, State Board of Medical Examiners, 2736 Southwest Seventh Ave., Miami 36, Fla.
Georgia	Mr. R. Coleman, State Examining Boards, 111 State Capitol, Atlanta 3, Ga.
Hawaii	Dr. J. A. Morgan, Board of Medical Examiners, 55 Young Bldg., Honolulu, T.H.
Idaho	Miss Agnes Barnhart, Bureau of Occupational Licenses, 355 State Capitol, Boise, Idaho.
Illinois	Mr. Philip Harman, Department of Registration, Superintendent of Registration, Springfield, Ill.
Indiana	Dr. W. C. Moore, State Board of Medical Registration, 301 State House, Indianapolis 4, Ind.
Iowa	Dr. W. L. Bierring, State Department of Health, 406 Sixth Ave., Des Moines, Iowa.
Kansas	Dr. J. F. Hassig, Board of Medical Registration, 905 North Seventh St., Kansas City 10, Kans.
Kentucky	Dr. Philip E. Blackerby, State Board of Health, 620 South Third St., Louisville 2, Ky.
Louisiana	Dr. Roy B. Harrison, Board of Medical Examiners, 1507 Hibernia Bank Bldg., New Orleans 12, La.
Maine	Dr. Adam P. Leighton, Board of Registration of Medicine, 192 State St., Portland, Me.

[List continued on next page]

Maryland	Dr. J. T. O'Mara, Board of Medical Examiners, 1215 Cathedral St., Baltimore 1, Md.
Massachusetts	Dr. H. Q. Gallupe, Board of Registration in Medicine, 413-F, State House, Boston, Mass.
Michigan	Dr. J. E. McIntyre, State Board of Registration in Medicine, 100 West Allegan St., Lansing 8, Mich.
Minnesota	Dr. Julian F. DuBois, State Board of Medical Examiners, 230 Lowry Medical Arts Bldg., St. Paul 2, Minn.
Mississippi	Dr. R. N. Whitfield, State Board of Health, Jackson, Miss.
Missouri	Miss Lucy Motley, State Board of Health, Capitol Bldg., Jefferson City, Mo.
Montana	Dr. Otto G. Klein, Board of Medical Examiners, First National Bank Bldg., Helena, Mont.
Nebraska	Mr. Oscar F. Humble, Bureau of Examining Boards, 1009 State Capitol, Lincoln, Neb.
Nevada	Dr. G. H. Ross, State Board of Medical Examiners, 215 North Carson St., Carson City, Nev.
New Hampshire ...	Dr. A. L. Frechette, Board of Registration in Medicine, 107 State House, Concord, N.H.
New Jersey	Dr. E. S. Hallinger, State Board of Medical Examiners, 28 West State St., Trenton, N.J.
New Mexico	Dr. L. G. Ward, Board of Medical Examiners, 141 Palace Ave., Sante Fe, N.M.
New York	Dr. Jacob Lochner, Board of Medical Examiners, Education Bldg., Albany, N.Y.
North Carolina	Dr. Ivan Procter, Board of Medical Examiners, Raleigh, N.C.
North Dakota	Dr. G. M. Williamson, 4 South Third St., Grand Forks, N.D.
Ohio	Dr. H. M. Platter, State Medical Board, 21 West Broad St., Columbus, Ohio.

[List continued on next page]

Oklahoma	Dr. J. D. Osborn, Board of Medical Examiners, Frederick, Okla.
Oregon	Miss L. M. Conlee, Board of Medical Examiners, 608 Failing Bldg., Portland 4, Ore.
Pennsylvania	Mrs. M. G. Steiner, Bureau of Professional Licensing, Dept. of Public Instruction, 358 Education Bldg., Harrisburg, Pa.
Puerto Rico	Dr. O. Costa Mandry, Board of Medical Examiners, Box 3854, Santurce, Puerto Rico.
Rhode Island	Mr. Thomas B. Casey, Division of Examiners, 366 State Office Bldg., Providence, R.I.
South Carolina ...	Dr. W. B. Heyward, Board of Medical Examiners, 1329 Blandena St., Columbia, S.C.
South Dakota	Dr. Gilbert Cottam, Board of Health, Pierre, S.D.
Tennessee	Dr. H. W. Qualis, Board of Medical Examiners, 130 Madison Ave., Memphis 3, Tenn.
Texas	Dr. T. J. Crowe, 918 Texas Bank Bldg., Dallas 2, Texas.
Utah	Mr. W. R. McEntire, Dept. of Registration, 324 State Capitol, Salt Lake City 1, Utah.
Vermont	Dr. F. L. Lawliss, Board of Registration, Richford, Vt.
Virgin Islands	Dr. K. Knud-Hansen, Commissioner of Health, Charlotte Amalie, Virgin Islands.
Virginia	Dr. J. W. Preston, Board of Medical Examiners, 30 Franklin Rd., Roanoke, Va.
Washington (State)	Mr. H. C. Huse, Department of Licenses, Olympia, Wash.
West Virginia	Dr. J. E. Offner, Public Health Council of West Virginia, State Capitol, Charleston, W.Va.
Wisconsin	Dr. C. A. Dawson, State Board of Medical Examiners, Tremont Bldg., River Falls, Wis.
Wyoming	Dr. G. M. Anderson, State Board of Medical Examiners, Capitol Bldg., Cheyenne, Wyo.

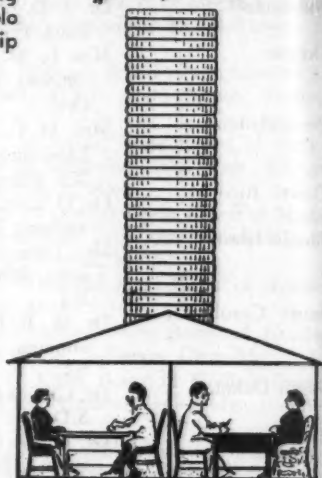
Net Income, 1943, According
to Method of Practice: Solo
vs. Group or Partnership

\$13,206

\$8,547



AVERAGE PHYSICIAN*
IN SOLO PRACTICE



AVERAGE PHYSICIAN*
IN GROUP PRACTICE

Economic Aspects of Group Practice

Physicians* who practice in groups or partnerships in 1943 had, on the average, a 70 per cent greater gross income than solo practitioners, the Fifth MEDICAL ECONOMICS Survey indicates. Average net income of group physicians was \$13,206, compared with \$8,547 for solo men. (All physicians* had an average net of \$9,186.)

In view of the widely held belief that group practice reduces the individual expenses of partners, it may come as a surprise that the difference appears to be negligible: The survey indicates that group physi-

cians paid out 35 per cent of gross income as their share of professional expenses; solo men, 36 per cent.

The belief is also prevalent that group practice gives the individual physician more free time for self-improvement and relaxation. But the survey indicates otherwise. Here, in days, is the average time spent by group and solo practitioners on education and vacation in 1943:

	Group	Solo
Reading medical literature	17½	19
At medical conventions ..	5½	9
In post-graduate study ..	5	7
On vacation	12	11
Total days	40	41

*Active, civilian, non-salaried physicians (i.e., those who derived less than 50 per cent of their income from salaries).

Finding an Office Aide

*What kind you need, where to look, and
what training to expect*



If you intend to prospect for an office assistant, there are five things to be decided first: What duties do you want performed? What training do you consider essential? What experience should the girl have? How old should she be? What salary are you prepared to pay?

Office aides, like automobiles, come in an assortment of styles. Your choice lies among the registered nurse, the X-ray technician, the trained medical assistant, the laboratory technician, the medical secretary, the general secretary-stenographer, and the girl who is a combination of two or more of these. It goes without saying that the longer the training the higher the salary and, as a rule, the greater the benefit to you in terms of time saved and efficiency gained.

Principal sources of such personnel are (1) teaching institutions, (2) professional associations, (3) employment agencies, (4) advertisements.

Registered nurses, for instance, can be obtained (when available) through nursing schools; nurses' alumnae associations; hospitals; local nurses' associations; nurses' registries; professional and commercial placement bureaus*; and classified or display advertisements in nursing journals, medical journals, and newspapers. An official directory of nurses' associations is published

quarterly in the American Journal of Nursing, and a list of accredited nurses' registries will be found in each issue. The National League of Nursing Education publishes a list of schools accredited by state boards of nurse examiners. Both the journal and the league may be reached at 1790 Broadway, New York, N.Y.

For X-ray and laboratory technicians, try the schools that train them. Try their professional associations (e.g., the American Society of X-Ray Technicians, Genevieve J. Eilert, R.T., secretary, 16 Fourteenth St., Fond du Lac, Wis.). Try their registries (e.g., the American Registry of X-ray Technicians, Dr. D. A. Rhinehart, secretary, 701 Main St., Little Rock, Ark.). Try the professional and commercial employment agencies. And don't overlook advertisements in newspapers and in journals reaching pathologists and radiologists. Schools producing X-ray and laboratory technicians are listed in the Hospital

*Including the American Nurses' Association Professional Counseling and Placement Service, sponsored by the American Nurses' Association; placement is done in the Chicago office, 8 South Michigan Avenue, Chicago, and by those state nurses' associations which have their own counseling and placement programs functioning. The United States Employment Service's New York regional office recently opened, at 119 West 57th Street, New York, a similar service for Army and Navy nurses and other veterans of the medical services of the armed forces.



Number of the Journal AMA (this year, March 31). Lists of associations, journals, etc., may be requested from the American Society of Clinical Pathologists (Dr. A. S. Giordano, Secretary, 531 N. Main St., South Bend, Ind.) and from the American College of Radiology Mr. Mac F. Cahal, Secretary, 540 N. Michigan Ave., Chicago.

Sources of medical secretaries and assistants include lists of graduates of vocational and technical schools, some high schools, junior colleges, and colleges; local medical societies; professional and commercial placement bureaus; and advertisements in medical journals and newspapers. Such organizations as the National Vocational Guidance Association (82 Beaver St., New York City), and the American Association for Adult Education (525 West 120th St., New York City), will refer you to local associations which list neighboring courses and

schools. A geographically indexed, national list of schools and colleges that train medical assistants and secretaries is available on request from Medical Economics, Inc., Rutherford, N.J.

The doctor who doesn't live in or near a fairly large city may have to rely on correspondence as a means of conducting his search for a trained medical aide. Actually, that is common practice; many assistants are obtained by just such means.

Courses given by schools and colleges that train medical secretaries and assistants vary in length from six months to two years. Because of this appreciable difference, it pays to find out exactly the nature and duration of the technical training received by an applicant for such a job. Determine also how far she went in her academic work (high school, junior college, or college graduate).

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It might be stated broadly that the quality of training given medical office aides rises from the vocational high school to the technical school to the junior college. The generalization is not, however, entirely fair, since there are poor junior colleges just as there are excellent technical schools.

Industrial organizations which have their own medical staffs sometimes offer stenographers and secretaries within their own ranks instruction in medical terminology.

Institutions that train medical office aides usually include several or all of the following subjects in their curricula:

Laboratory technique (*i.e.*, hematology, blood chemistry, urinalysis, clinical pathology, bacteriology);

X-ray technique;

Office practice (electrocardiography; basal metabolism; diathermy; heliotherapy; first aid; patient relations and psychology; case history taking; handling supplies; sterilization; use and care of instruments; preparation for examination or minor surgery; taking temperature, pulse, etc.;

Materia medica;

Medical secretarial work (medical terminology, shorthand, transcription, typing, filing, indexing, bookkeeping);

Anatomy and physiology;

Medical jurisprudence.

One of the junior colleges describes its medical secretarial program thus:

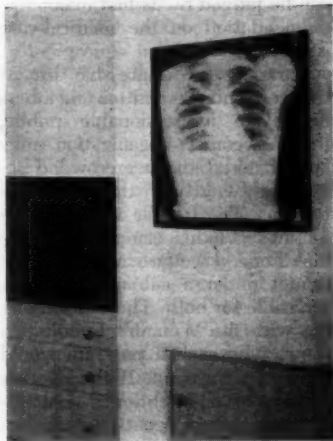
"This course provides the thorough, professional training needed by secretaries in the offices of physicians, hospital executives, and dentists. It supplements a mastery of basic secretarial subjects with a vocabulary of medical terms and

phrases, and it familiarizes the student with the methods and functions of medical practice.

"The subjects are developed through laboratory work as well as through individual and group instruction by regular physicians and other members of the college faculty. Lectures and demonstrations are supplemented by actual experience in doctors' offices or in hospitals."

—CARLTON FORD

Built-In Viewer



This X-ray viewer in the office of a Garden Grove, Calif., physician is set flush with the wall and takes standard, 14" x 17" film. Behind the wall, a 3' x 4' cubicle serves as the developing laboratory, houses the space-consuming tank, and provides storage room for films (as well as a handy shelf for supplies). The door below the viewer gives access to the film-storage closet; another at right (not shown) opens into the developing cubicle.—FERN HILL COLMAN

Sidelights

The Woman's Foundation, Inc., is not—alas!—what it sounds like: a corset manufacturers' public relations bureau. Rather (as you may note by reading "Cabinet Status for Medicine" in this issue), it's a group which bodes ill for medicine, if it can be judged by its first major recommendation on the medical-care issue.

Parading an impressive list of trustees and committee members before an impressionable public, this newcomer organization may have entered the overcrowded social-study field with the best of intentions. The trouble is that its intentions include a campaign to combine Federal welfare and health activities under a cabinet officer responsible for both. The article dealing with the Woman's Foundation shows why such a program would be wholly unsound: If the number of such well-intentioned but ill-advised groups continues to increase, we may reach a point where the doctor will be in far greater need of welfare than the patient (who will already have been carried off to a psychiatric institution).



A century and a quarter ago, Dr. Lyman Spalding brought out the first edition of the U.S. Pharmacopeia. It was a private, unofficial publication then, and still is today. For twenty years, physicians alone edited the volume (patterned after

the London Pharmacopeia); but in 1840 pharmacists began to take a hand and since then have assumed most of the responsibility.

The necessity for standardizing drugs not included in the USP—drugs either too new, too old, or too rarely used to come within its purview—was realized from the beginning. In 1880, therefore, Dr. Charles Rice started work on an auxiliary, the National Formulary, issued first in 1884. Government recognition of this and the USP came with the Pure Food and Drug Act of 1906, which cited them as criteria.



Head man of the American economic delegation working with allied officials to restore Germany's social security program is Merrill G. Murray, of the Social Security Board. Some Capitol Hill onlookers are wondering if Murray will report that while Hitler did not create Germany's social insurance system, which originated with Bismarck, he found it most useful not only as an organ for regimentation but also because it furnished enormous funds which he could tap for Nazi activities.

There still remains in Germany's social insurance treasury about \$3.5 billion which was earmarked for unemployment benefits, health insurance, and old-age pensions. This huge fund was built up over the years with employer, employee, and

Government contributions. The entire program is on the verge of collapse because of the country's economic situation and because thousands of records were lost or destroyed during the war.

An estimated 75 per cent of German workers are unemployed and clamoring for benefits. They have contributed for years to make these benefits possible; but the destruction of the records often leaves no means of telling who is entitled to what. The Allied governing group has therefore had to freeze all fund assets until a new social insurance program can be set up.



"Of all things to send you for MEDICAL ECONOMICS!" says a penciled memo from one of our contributors in Kansas. Attached to the memo is a letter this man apparently intends to send to his delinquent patients at the close of the year. It reads:

"Dear Mrs. Leftover:

"Happier New Year!

"Since this is the period of good will to men, we make it one of forgiveness for you. We offer you a gift. The bill you owe us is cancelled. The debt is forgiven

"—with one proviso:

"You must make an equivalent cash gift to a worthy charity. Send us their receipt, and your account will be considered closed.

"Sincerely"



Some time after Pearl Harbor, the War Manpower Commission requested and obtained from private registries the names of all nurses using these employment media. Since the registries are commercial, fee-

charging organizations and since the lists are part of their bread and butter, they are generally confidential. They would not have been released to the WMC except for patriotic reasons.

Now the registries report that the United States Employment Service is using these very lists to contact nurses and to promote its own, free, Government placement service!

Whether this reflects bureaucratic irresponsibility or a brazen double-cross is of minor consequence. The effect is the same: If an appreciable number of nurses transfer to the Government agency, private enterprise groups in the nurse employment field will inevitably be forced out of business.



With hearings on the Wagner-Murray-Dingell bill now in the offing, a point of view taken by the committee on medical service and public relations of the Iowa State Medical Society holds particular significance. Members of this committee went to Washington earlier this year to testify at Congressional hearings on the EMIC program. After doing so, they concluded:

"Much of the effectiveness of the testimony presented at the hearings by representatives of organized medicine was lost through lack of cooperation and planning."

They can say *that* again. We—and others we know—have received exactly the same impression at Congressional hearings in the last two years. Men capable of expressing the opinion of the medical profession must be developed by our national and state associations and be made available when their services are required.

QUIZ

[Answers on page 106]

1. If the Wagner-Murray-Dingell bill becomes law, supervision of the administration of medical care will be in the hands of
 - a. Federal Security Administrator
 - b. A board elected by Congress
 - c. Public Health Service
 - d. Eleanor Roosevelt
 - e. Morris Fishbein
 - f. Robert Wagner
2. Hippocrates, the history books say, flourished about
 - a. 1,000 BC
 - b. 400 BC
 - c. 40 BC
 - d. 400 AD
3. Alfred P. Sloan Jr. of General Motors has announced a \$4 million grant for research in
 - a. The common cold
 - b. Tuberculosis
 - c. Leprosy
 - d. Cancer
 - e. Heart disease
 - f. Atomic fission
4. Dorothea Dix is known to the medical profession as
 - a. Founder of the Navy Nurse Corps
 - b. A worker for better care of the insane
 - c. A giver of advice to the lovelorn
 - d. First woman commissioned in Army Medical Corps
 - e. First woman Congress authorized to wear trousers
5. Posology is the term applied to the study of
 - a. Poisons
 - b. Dosage
 - c. Paroxysms
 - d. Posies
 - e. Feet
 - f. Spiders
6. The National Formulary is published by the
 - a. American Academy of Pediatrics
 - b. Association of American Medical Colleges
 - c. American Pharmaceutical Association
 - d. Public Health Service
 - e. American Medical Association
7. The number of new physicians licensed to practice medicine each year approximates
 - a. 3,000
 - b. 5,000
 - c. 8,000
 - d. 10,000
8. No use looking, there just isn't any American board for the certification of specialists in
 - a. Pediatrics
 - b. Geriatrics
 - c. Anesthesiology
 - d. Plastic surgery
 - e. Pathology
 - f. Radiology
9. The Rorschach test is applied in the study of
 - a. Blood
 - b. Sputum
 - c. The personality
 - d. Heart function
 - e. School grades
 - f. Musical scores

The Shifting Population: How It May Affect Your Practice

Index of county areas gives a bird's eye view of their prospects



What impact will peace and reconversion have on population shifts brought about by the demands of industry in war? What are the implications for physicians in the places affected?

Philip M. Hauser, assistant director of the Bureau of the Census, has made a study of a number of metropolitan-county areas¹ to determine their rate of growth (1) before the war, (2) during the war, and (3) after the war. This shows a breakdown of the areas studied into four classes according to their current population prospects²:

A-1. Areas that have shown the

¹Any comparison by states would be inadequate, for while a state as a whole may have lost population, certain areas in it may have shown large increases.

²The data evoked by the study was rechecked on Nov. 1, 1945, by Mr. Hauser.

► MEDICAL ECONOMICS commissioned I. M. Moriyama, PH.D., of the Bureau of the Census, to make a comprehensive study of census figures, indicating how medical practice may be affected by now-discernible population shifts, the changing pattern of mortality, the aging of the people, and similar factors. This is his third article.

fastest growth and have the best chance of retaining that growth.

A-2. Areas that have grown at better-than-average rates and are judged to have *excellent* prospects.

A-3. Areas that grew at better-than-average rates during the war, but moderately in preceding periods, and are believed to have *good* prospects.

B. Areas that grew rapidly during the war, but at a substantially lower rate prior to it. Lacking special postwar reconversion measures, their increase is expected to be transient.

C. Areas that lost population during the war, or barely held their own, but which in the light of earlier growth have fair-to-excellent prospects (C-1, excellent; C-2, good).

D. Areas that lost population—showed relatively poor gains—not only during the war but also during the two preceding decades. They cannot be expected to grow rapidly or even to recover their losses in the immediate postwar period.

The study shows of 137 areas classified, 60 were Class A areas, 11 Class B, 33 Class C, and 33 Class D. Most of the Class A areas lie in the South. Most of the B, C—and D—areas are in the North. The geographic percentage distribution of metropolitan counties by classes, according to

postwar population prospects is as follows:

Geographic Regions	Counties by Classes			
	A	B	C	D
North	22%	55%	70%	97%
South	56	36	27	3
West	22	9	3	—

Mr. Hauser believes that reconversion has thus far had little effect on population shifts brought about by the war; and he doubts that any great change is to be expected for some years. If there is a break, he says, it will probably come in the shipbuilding and aircraft-manufacturing areas; even then, relatively few newcomers will return to their former homes, and no substantial re-migration may be anticipated.

The physician who lives or plans to settle in any one of the areas listed can see at a glance its probable prospects for the next few years. Obviously, if his area is declining in population, it will need fewer doctors. If it is gaining, its medical needs will keep pace.

METROPOLITAN-COUNTY AREAS OF THE U.S., CLASSIFIED ACCORDING TO PROSPECTIVE POPULATION GROWTH

CLASS A-1

Atlanta (DeKalb and Fulton Counties, Georgia)
Charleston (Charleston County, South Carolina)
Columbia (Richland County, South Carolina)
Columbia (Muscogee County, Georgia; Russell County, Alabama)
Corpus Christi (Nueces County, Texas)
Dallas (Dallas County, Texas)
Galveston (Galveston County, Texas)

Houston (Harris County, Texas)
Jacksonville (Duval County, Florida)
Miami (Dade County, Florida)
Mobile (Mobile County, Alabama)
Phoenix (Maricopa County, Arizona)
San Antonio (Bexar County, Texas)
San Diego (San Diego County, California)
Tampa-St. Petersburg (Hillsborough and Pinellas Counties, Florida)
Washington, D.C. (District of Columbia; Montgomery and Prince Georges Counties, Maryland; Alexandria and Arlington County, Virginia)

CLASS A-2

Amarillo (Potter County, Texas)
Augusta (Richmond County, Georgia)
Baltimore (Baltimore city, Anne Arundel, and Baltimore Counties, Maryland)
Beaumont-Port Arthur (Jefferson County, Texas)
Charleston (Kanawha County, West Virginia)
Denver (Arapahoe, Denver, and Jefferson Counties, Colorado)
Detroit (Macomb, Oakland, and Wayne Counties, Michigan)
Durham (Durham County, North Carolina)
Evansville (Vanderburgh County, Indiana; Henderson County, Kentucky)
Fort Worth (Tarrant County, Texas)
Indianapolis (Marion County, Indiana)
Jackson (Hinds County, Mississippi)
Little Rock (Pulaski County, Arkansas)
Los Angeles (Los Angeles and

Orange Counties, California)
 Macon (Bibb County, Georgia)
 Madison (Dane County, Wisconsin)
 Memphis (Shelby County, Tennessee)
 Montgomery (Montgomery County, Alabama)
 Nashville (Davidson County, Tennessee)
 New Orleans (Jefferson and Orleans Parishes, Louisiana)
 Norfolk-Portsmouth-Newport News (Hampton, Newport News, Norfolk, Portsmouth, and South Norfolk cities; and Elizabeth City, Norfolk, Princess Anne, and Warwick Counties, Virginia)
 Oklahoma City (Oklahoma County, Oklahoma)
 Portland (Cumberland County, Maine)
 Richmond (Richmond city, Henrico County, Virginia)
 Sacramento (Sacramento County, California)
 Salt Lake City (Salt Lake County, Utah)
 San Francisco-Oakland (Alameda, Contra Costa, Marin, San Francisco, San Mateo and Solano Counties, California)
 San Jose (Santa Clara County, California)
 Savannah (Chatham County, Georgia)
 Seattle (King County, Washington)
 Spokane (Spokane County, Washington)
 Stockton (San Joaquin County, California)
 Tacoma (Pierce County, Washington)
 Wilmington (New Castle County, Delaware)

CLASS A-3

Birmingham (Jefferson County, Alabama)

Bridgeport (Fairfield County, Connecticut)
 Canton (Stark County, Ohio)
 Cincinnati (Hamilton County, Ohio; Dearborn County, Indiana; Campbell and Kenton Counties, Kentucky)
 Columbus (Franklin County, Ohio)
 Hamilton-Middletown (Butler County, Ohio)
 Hartford-New Britain (Hartford and Middlesex Counties, Connecticut)
 Pueblo (Pueblo County, Colorado)
 St. Louis (St. Louis city, St. Charles, and St. Louis Counties, Missouri; Madison and St. Clair Counties, Illinois)
 Springfield (Clark County, Ohio)

CLASS B

Akron (Summit County, Ohio)
 Dayton (Montgomery County, Ohio)
 El Paso (El Paso County, Texas)
 Erie (Erie County, Pennsylvania)
 Kansas City (Missouri)-Kansas City (Kansas) (Jackson County, Missouri; Johnson and Wyandotte Counties, Kansas)
 Louisville (Jefferson County, Kentucky; Clark and Floyd Counties, Indiana)
 Portland (Clackamas and Multnomah Counties, Oregon)
 Rockford (Winnebago County, Illinois)
 Tulsa (Tulsa County, Oklahoma)
 Waco (McLennan County, Texas)
 Wichita (Sedgwick County, Kansas)

CLASS C-1

Asheville (Buncombe County, North Carolina)
 Austin (Travis County, Texas)
 Binghamton (Broome County, New York)
 Cedar Rapids (Linn County, Iowa)
 Charlotte (Mecklenburg County, North Carolina)

North Carolina)
 Chattanooga (Hamilton County, Tennessee; Walker County, Georgia)
 Davenport-Rock Island-Moline (Scott County, Iowa; Rock Island County, Illinois)
 Des Moines (Polk County, Iowa)
 Fresno (Fresno County, California)
 Kalamazoo (Kalamazoo County, Michigan)
 Knoxville (Knox County, Tennessee)
 Lansing (Ingham County, Michigan)
 Minneapolis-St. Paul (Anoka, Hennepin, Ramsey, and Washington Counties, Minneapolis)
 Peoria (Peoria and Tazewell Counties, Illinois)
 Shreveport (Caddo Parish, Louisiana)
 Springfield (Greene County, Missouri)
 Waterloo (Black Hawk County, Iowa)
 Winston-Salem (Forsyth County, North Carolina)

CLASS C-2

Atlantic City (Atlantic County, New Jersey)
 Chicago (Cook, Du Page, and Lake Counties, Illinois; Lake County, Indiana)
 Cleveland (Cuyahoga County, Ohio)
 Decatur (Macon County, Illinois)
 Flint (Genesee County, Michigan)
 Fort Wayne (Allen County, Indiana)
 Grand Rapids (Kent County, Michigan)
 Huntington-Ashland (Cabell County, West Virginia; Boyd County, Kentucky; Lawrence County, Ohio)
 Milwaukee (Milwaukee County, Wisconsin)

New York-Northeastern New Jersey (Bronx, Kings, Nassau, New York, Queens, Richmond, Rockland, and Westchester Counties, New York; Bergen, Essex, Hudson, Middlesex, Monmouth, Morris, Passaic, and Union Counties, New Jersey)

Roanoke (Roanoke city, Roanoke County, Virginia)

South Bend (St. Joseph County, Indiana)

Toledo (Lucas County, Ohio)

Topeka (Shawnee County, Kansas)

Youngstown (Mahoning and Trumbull Counties, Ohio)

CLASS D

Albany-Schenectady-Troy (Albany, Rensselaer, and Schenectady Counties, New York)

Allentown-Bethlehem-Easton (Lehigh and Northampton Counties, Pennsylvania)

Altoona (Blair County, Pennsylvania)

Boston (Essex, Middlesex, Norfolk, Plymouth, and Suffolk Counties, Massachusetts)

Buffalo-Niagara (Erie and Niagara Counties, New York)

Duluth-Superior (St. Louis County, Minnesota; Douglas County, Wisconsin)

Fall River-New Bedford (Bristol County, Massachusetts)

Harrisburg (Dauphin County, Pennsylvania)

Johnstown (Cambria County, Pennsylvania)

Lancaster (Lancaster County, Pennsylvania)

Lincoln (Lancaster County, Nebraska)

Manchester (Hillsborough County, New Hampshire)

New Haven (New Haven County, Connecticut)

Omaha-Council Bluffs (Douglas

County, Nebraska; Pottawattamie County, Iowa)
Philadelphia (Delaware, Montgomery, and Philadelphia Counties, Pennsylvania; Burlington, Camden, and Gloucester Counties, New Jersey)
Pittsburgh (Allegheny, Fayette, Washington, and Westmoreland Counties, Pennsylvania)
Providence (Bristol, Kent, Newport, and Providence Counties, Rhode Island)
Racine-Kenosha (Kenosha and Racine Counties, Wisconsin)
Reading (Berks County, Pennsylvania)
Rochester (Monroe County, New York)
Saginaw-Bay City (Bay and Saginaw Counties, Michigan)
St. Joseph (Buchanan County, Missouri)

Scranton-Wilkes-Barre (Lackawanna and Luzerne Counties, Pennsylvania)
Sioux City (Woodbury County, Iowa)
Springfield (Sangamon County, Illinois)
Springfield-Holyoke (Hampden and Hampshire Counties, Massachusetts)
Syracuse (Onondaga County, New York)
Terre Haute (Vigo County, Indiana)
Trenton (Mercer County, New Jersey)
Utica-Rome (Herkimer and Oneida Counties, New York)
Wheeling (Brooke, Marshall, and Ohio Counties, West Virginia; Belmont County, Ohio)
Worcester (Worcester County, Massachusetts)
York (York County, Pennsylvania)

Cabinet Status for Medicine

"The committee, therefore, recommends . . . in the Federal Government the establishment of an inclusive Federal department of education, health, recreation, welfare, and social insurance, headed by a secretary with cabinet rank and three assistant secretaries of education, health, and welfare, all . . . appointed by the President and confirmed by the Senate."

Thus would the Woman's Foundation, Inc., reorganize the existing health activities of the Government and lay the groundwork for greater Federal participation in the field of medical care.

There is reason to believe that the foundation's plan, if adopted, would be an even longer step toward socialization than was the Roosevelt reorganization plan of 1939 when, it will be remembered, the Federal Security Agency was brought into being. Creation of the FSA—which is in effect a Government holding company, controlling the operations of the [Continued on page 79]

The New Hill-Burton Hospital Bill Puts Medicine in a Dilemma

*Good features seem overbalanced by
prospect of Federal intrusion*



Headed last month for what looked like early Congressional enactment was a revised version of S.191, the Hill-Burton measure for a nationwide program of grants-in-aid to states for hospital construction. The Senate Committee on Education and Labor had approved the revamped measure after subcommittee hearings on various proposed amendments.

As the bill moved to the Senate floor, medical men faced the grave dilemma it presented: On the one hand, it unquestionably would help the states to meet a real need for hospital facilities; on the other, it would leave the door ajar for serious Federal interference in local affairs.

It is the opinion of this observer, after attending the hearings, that no matter how carefully the bill appears to protect states' rights and restricted Federal power, the deadening hand of bureaucracy will eventually be felt. To what extent? There's no telling until the rules and regulations that implement the bill are promulgated. Then, of course, it will be too late. The EMIC program proved how ineffective doctors can be when they have to deal with a *fait accompli*.

Remember that the Wagner-Murray-Dingell bill contains its

own version of the Hill-Burton proposal. Enactment of S.191 would simply mean that the Social Security Board, and its *alter ego*, the International Labour Organization, would have gotten one foot in the door that leads to socialization.

In his testimony at committee hearings, Surgeon General Thomas Parran said the program would call for a total outlay of some \$2.5 billion over a ten-year period. But S.191, as revised, authorizes a Federal expenditure of only \$375 million (\$75 million annually for five years)—a mere 15 per cent of the Parran estimate. However, it is reasonable to assume that once the program got under way, pressure would come from states, hospital groups, and organized labor to increase the Federal appropriation.

Under the allotment provisions the Government would pay 54 per cent of construction costs during the first five years leaving 46 per cent to be matched by the states. Whether the poorer states (for whom the project has been designed) could raise their share is questionable.

The bill makes no provision whatever for the maintenance of hospitals after they are constructed. But the way is open for Congress to pass legislation later on providing

for maintenance—either directly by grants-in-aid or indirectly by way of a compulsory sickness insurance scheme.

Another anomalous factor: States in a sound financial condition are

encouraged to apply to a debt-burdened Federal Government for funds to finance hospital construction. Maryland, for example, would be entitled to nearly \$4 million in five years; yet Governor O'Connor

Provisions of the Hill-Burton Bill (S.191) as Revised

- Federal assistance to the states on a share-the-cost basis for (a) ascertaining the need for hospital facilities and developing construction programs, and (b) subsequent construction of public and other nonprofit hospitals, health centers, and related facilities.
- For construction, the Government to contribute up to 75 per cent to the poorer states, as little as 33 1/3 per cent to the wealthier ones. For planning, the Federal grant to be on a 50-50 basis.
- Administration to be in the hands of the Surgeon General of the Public Health Service—with state control of operations specifically provided. Framework within which the Surgeon General may issue rules and regulations defined in the bill.
- A Federal Hospital Council of eight persons to act in an advisory capacity. Three of the eight to represent consumers.
- Surgeon General required (within six months after enactment of bill) to prescribe regulations with regard to hospital distribution and construction. These to be approved by Federal Hospital Council and Federal Security Administrator.
- Authorized appropriations: For construction—\$75 million annually for five years, beginning July 1, 1946. For state surveys—one \$5 million grant. No appropriation for state administrative costs. Subsequent appropriations: to be determined by Congress.
- No Federal officer or employee to exercise "any supervision or control over the administration, personnel, maintenance, or operation of any hospital with respect to which any funds have been or may be expended."
- Each state plan for construction to conform to these requirements: (a) fixed minimum standards for maintenance and operation of hospitals receiving Federal aid; (b) personnel standards on a merit basis; (c) a state-wide inventory of existing hospitals and a survey of need; (d) no discrimination as to race, color, creed, or indigence; (e) construction of projects in the order of their need.

recently announced that the state was in a position to make tax cuts (on income and real estate) that would save Maryland residents some \$6.5 million a year. Thus, while one state could slash its own taxes, it would still be eligible for Federal aid—aid that would increase the national debt or raise Federal income and excise taxes.

On the credit side, the bill provides a possible means for a more equitable distribution of physicians and other health personnel. Undoubtedly doctors, nurses, technicians, and others leaving the armed forces would be encouraged to settle in communities with well-equipped hospitals—areas to which such people will not turn at present.

It is significant that S.191 provides for the construction of "public health centers" as well as hospitals. An amendment, proposed by Dr. R. L. Sensenich of the AMA, suggested that "public health center" be defined in such a way as to limit medical care in such centers to indigents and to persons who could not—for geographical or other reasons—avail themselves of private care. But as the bill emerged from committee it was without the Sensenich provision; instead, it contained a definition drawn up by Isidore Falk, of the Social Security Board, that a "public health center" is "a publicly owned facility for the provision of public health services, including related facilities such as laboratories, clinics, and administrative offices operated in connection with public health centers." Incidentally, Dr. Parran has estimated that 2,700 such centers are needed.

The term "public health services" is not defined. Presumably

such services may be as broad as the Surgeon General chooses to make them. Thus the bill gives the green light to a program of unsuspected possibilities. The argument has been advanced that "public health" must inevitably embrace all preventive and curative services, for no hard-and-fast line can be drawn between the two. If that argument were to prevail, communities could obtain funds under S.191 for the construction of centers in which complete medical services would be given to all comers.

Under the provision that funds be allotted to the various states in accordance with their per-capita income, Mississippi would be entitled to \$2,506,000 a year, Connecticut to only \$404,000. The fifteen poorest states put together would receive nearly half the total Federal outlay.

In the allotment of funds for surveying and planning, distribution would be based on population, with no state receiving less than \$10,000. Each would have to match the Federal grant dollar for dollar; if any state should not have funds immediately available, its share would be advanced by the Federal Government and later deducted from the allotment for construction.

The Surgeon General of the Public Health Service would be authorized to prescribe the number of hospitals to be built in a state and the general manner of their distribution. The over-all calculation of general hospital beds would be 4.5 per 1,000 population, with a larger-than-average number allowed in sparsely settled communities. The number of public health centers would be restricted to one per 30,000.

—ARTHUR RUSSELL

Looking for a Salaried Job?

Here are the prospects, salary ranges, and some suggestions to guide you



The physician who seeks a salaried position as either a temporary or permanent source of income will find an infinite variety of jobs available at the present time. The variety is so great, in fact, that it precludes complete tabulation; however, a listing of the major possibilities, together with sources of information, is given in Table 1.

The interested practitioner may find it profitable to scan the classified advertising columns of the Journal AMA and to register with one of the placement agencies that advertise therein. Occasionally, too, such metropolitan newspapers as The New York Times carry help-wanted ads for physicians (most of them in the Sunday editions).

Your county medical society may have a list of potential employers, and if your medical school maintains a placement bureau, as some do, you can register there.

Should you be interested in public health work, try the American Public Health Association, which maintains a free employment service at its central office (1790 Broadway, New York 19, N.Y.). Your colleagues are another source of information—often the best—about salaried openings.

The greatest number of employment opportunities in the next few years will be in the field of Govern-

ment service: the armed forces, Veterans Administration, Public Health Service, etc. There is reason to believe, however, that industrial expansion, the expected boom in air and sea travel, the growth of health insurance plans, and the building of new hospital units will all play a part in creating new non-Government openings.

In some fields, conflicting factors make it extremely difficult to gauge the employment future. Of interest to school physicians, for example, is the fact that the falling birth rate is noticeably decreasing school census figures, while at the same time there is increasing public demand for more and better school health service. In the field of aviation medicine, the growth of civilian flying is assured; but there is no telling how soon it will provide opportunities for doctors. A somewhat similar situation may apply in the case of ship surgeons.

Prospects in some other fields are less blurred. Industrial medicine, for instance, looks highly promising, with salary levels about double what they were before the war. More and more companies are becoming interested in having a doctor in attendance, and industrial leaders are predicting a business boom of from two to five years' duration. Top-rung pharmaceutical

Table 1
FINDING A SALARIED JOB

Field of Opportunity	Source of Information
Gov't hospitals:	
Federal	Veterans Administration, U.S. Civil Service Commission
State	State boards of health and mental hygiene, state civil service commissions
County; municipal	State civil service commissions; local health and welfare departments
Voluntary hospitals (fellowship holders, pathologists, roentgenologists, etc.)	American Medical Association American Hospital Association, local hospitals, county medical societies
Public health work:	American Public Health Association
Federal	U.S. Public Health Service
State	State health boards
County; municipal	Local health boards, local welfare organizations
School health work:	State civil service commissions, local school boards, local health departments
Police surgeon, fire surgeon	State civil service commissions, municipal police and fire departments
Teaching	Medical and dental schools, institutions for training technicians
Medical administration	County and state medical societies, hospitals, voluntary health insurance plans, medical publications
Workmen's compensation bureaus ..	State labor departments
Assistantships, etc..	Medical placement bureaus, private bureaus, private group clinics, research foundations, county medical societies

[Table continued on next page]

Table 1 (Cont.)
FINDING A SALARIED JOB

Field of Opportunity	Source of Information
Industrial medicine*	National Association of Manufacturers, local industrial plants, county medical societies, state industrial and labor departments, public utilities, metropolitan department stores, labor unions, mining companies, medical placement bureaus
Insurance medicine.	Home offices and branches of life and accident companies
Aviation medicine..	Civil Aeronautics Authority, commercial airlines
Pharmaceutical houses, (research, administrative, editorial)	American Pharmaceutical Manufacturers Association, home offices of well-known drug houses
Ship surgeon	Transoceanic and coastwise steamship lines, U.S. Maritime Commission
Hotel physician ...	Metropolitan hotels, American Hotel Association
Sanatoria (staff work)	
Government	Federal and state civil service commissions
Private	AMA, AHA, local institutions
Prison physician ...	Federal and state civil service commissions, state and county welfare boards

*Supplemental information on how to get an industrial job was contained in "Industry Beckons the Doctor," June issue, and in "How I Got Into Industrial Practice," October issue.

houses are probably going to need a constantly growing number of physicians to fill both research and administrative jobs, including some of an editorial nature. Doctor-writers are also reported in demand (us-

ually on part-time arrangement) in various branches of the publishing business. Hotels, now booming, have a steady need for house physicians. Extension of group practice, predicted by many, should open up

new opportunities for men seeking assistantships. Medical and dental schools, as well as institutions which train technicians, are expected to need more young instructors to handle larger enrollments and the trend toward teaching smaller groups. Above all, there is indication that the country's public health systems—Federal, state, county, and municipal—are due for reorganization and expansion. Concerning the public health field: Many salaried jobs may result if the recent recommendation of the American Public Health Association is carried out. This group, after a two-year study

made in conjunction with state health officers, has suggested the employment of 1,197 full-time medical officers, plus a total of some 900 full-time administrative physicians (as bureau chiefs), to manage reorganized nation-wide systems of local health units. Another 6,000 practitioners would be employed in clinical work, either full-time or part-time. This would mean full-time employment for many physicians who now do part-time work in health departments, and openings for numerous others who wish to work in public health on the side.

During the war, the doctor short-

Table 2
SALARIES OFFERED CURRENTLY
IN FULL-TIME EMPLOYMENT

Position	Approximate Salary range
General practitioner	\$ 4,800 — \$12,000
Internist	5,000 — 10,000
OLAR specialist	7,200 — 12,000
T.b. specialist	2,100* — 7,000*
Pathologist	4,200* — 10,000
Obstetrician-gynecologist	4,000 — 12,000
Psychiatrist	4,800* — 10,000
Radiologist	4,800* — 15,000
General surgeon	4,800* — 15,000
Health officer*	4,500 — 5,500
Industrial physician	4,200 — 12,000
Writer, pharmaceutical house	4,200 — 7,000
Medical director, pharmaceutical house	10,000 — 15,000
House physician	1,800* — 6,900
Pediatrician	7,500 — 12,000
Anesthetist	4,800 — 6,000
School doctor	4,800 — 5,250
Urologist	6,000 — 10,000
Cardiologist	6,000 — 10,000
Dermatologist	6,000 — 12,000

*Plus maintenance.

age forced industrial employers to offer physicians far greater salary inducements for both full-time and part-time work, and there is little likelihood of any drastic cuts while business continues good. Institutional and civil service jobs also pay a little better now, but generally the scale there is much lower than in industry.

Of course, the requirements of industry are likely to be much stiffer than those of Federal, state, and municipal units. Nevertheless, since the demobilization process began, placement agencies report, doctors leaving the services have been much more eager to obtain the non-government employment.

In almost every specialty, as well as in general practice, the salary range is wide. How much an employe-physician can earn depends upon many factors: his experience, education, executive ability, the doctor-demand in the area, scope of responsibility, etc. But as a guide to present pay levels, Table 2 may be helpful; it has been prepared from a study of several hundred actual openings which have been advertised in recent months.

The Veterans Administration and the U.S. Public Health Service are, of course, the two Government peacetime agencies which employ the greatest number of doctors, but they are by no means the only ones. Almost every executive department has a number of physicians on its payroll. To keep informed about medical vacancies, write to the nearest office of the U.S. Civil Service Commission.

Veterans enjoy a decided preference in obtaining Federal civil service jobs. For most medical positions, there is no written examination; in-

stead, you are "rated" on a point basis in accordance with your experience and education. An applicant who meets the posted minimum requirements (i.e., in experience and education) automatically receives a seventy-point rating, with upgrading for additional experience.

Every veteran gets a five-point bonus. (To claim this, ask for and file Form 14.) The bonus is important: it may lift a rating from the sixty-five-point mark to the qualifying mark of seventy.

Disabled veterans applying for professional positions paying less than \$3,000 a year may receive a ten-point bonus. To be eligible for this, the applicant must (a) have a service-connected disability, or (b) be over age 55 with some disability which would entitle him to a pension or to compensation. Those entitled to the extra ten points are automatically placed at the top of the eligibility list if they pass the rating test at all.

In the Federal civil service, the appointing authority makes his selection from among the top three candidates certified to him by the Civil Service Commission. If he passes over a veteran in that trio and gives the job to a non-veteran, he must file a public explanation.

Here are a few other "premiums" to which veterans are entitled:

¶ Age limits do not apply—unless the applicant has reached civil service retirement age.

¶ Height and weight specifications are disregarded, and the commission is permitted to waive other physical requirements.

¶ The rule that Federal jobs must be apportioned among the states does not apply.

¶ Husbands of Federally em-

ployed wives are not barred from holding civil service jobs.

In considering government employment, don't overlook state civil service. Many opportunities are available here for M.D.'s: in state hospitals, sanatoria, and prisons; in state universities, agricultural schools, and other teaching institutions; in health, welfare and police departments; in workmen's compensation bureaus. State civil service commissions are in charge of placement in many county and municipal jobs also—including such posts as school doctor, police surgeon, medical examiner or coroner, city health officer, township physician, and so on.

At least fourteen states have already enacted legislation giving veterans preference in applying for civil service jobs. In others, similar legislation is pending. The benefits vary greatly. Details may be obtained from the civil service com-

mission at any of the state capitals.

JOB-HUNTING TIPS:

Doctors who specify locations in a particular section, or in a town of certain size, reduce their chances of consideration . . . Other handicaps to getting a job are inadequate training, graduation from a foreign or unapproved school, lack of satisfactory internship.

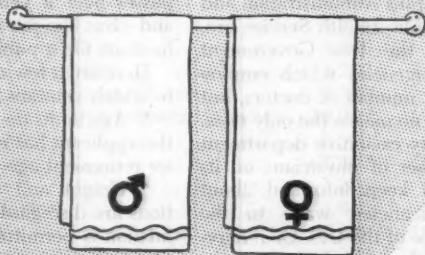
Assistantship opportunities are much more numerous in the Middle West and on the Pacific Coast than in the East.

Many M.D.'s shy away from desk (administrative) positions; thus, for years there has been a shortage of competent, medically trained hospital executives.

In normal times, industry prefers doctors under 40, often releases men when they reach the 50 mark.

Better be chary of government jobs not protected by civil service.

If you were an athlete in college, your chances [*Continued on page 92*]



Q. Hargrave

BIOLOGICALS, BIOCHEMICALS, PHARMACEUTICALS FOR THE MEDICAL PROFESSION

NATIONAL
DRUG COMPANY

A. V. C. GIVES 84.6% PERMANENT CURES
in *Trichomonas Infestations*

Using A.V.C. (Allantomide Vaginal Cream) in 100 cases of *Trichomonas vaginalis* in non-pregnant women, Angelucci* achieved good results in 98%—*permanent cures in 84.6%*. Thus, A. V. C. appears to be a specific for acute *Trichomonas vaginalis*.

A.V.C. combines 15% sulfanilamide, 2% allantoin and 5% lactose in a specially developed non-greasy, water-miscible base buffered with lactic acid to an acid pH. The ointment is odorless, non-staining and non-irritating and is easy to apply, requiring no tampons or vulval pads. The National Drug Company, Philadelphia 44, Pa.

*Angelucci, Helen M.: Am. J. Ob. & Gyn. 50: 336, 1945.

A.V.C.
Allantomide Vaginal Cream

Allantomide Vaginal Cream
is available in four-ounce
tubes, supplied with or without
applicator.

THE NATIONAL DRUG COMPANY, PHILADELPHIA 44, PA.

DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 75

IN ECZEMA

or whenever
Coal Tar Therapy
is indicated . . .

SUPERTAH (NASON'S)
WHITE, NON-STAINING AND EFFECTIVE

Medical circles agree on the therapeutic value of coal tar preparations for eczema and other severe, oozing skin conditions. But many physicians hesitate to prescribe coal tar because the obnoxious qualities of the *black* tar preparations make the cooperation of the patient so uncertain.

For that reason, more and more doctors are prescribing SUPERTAH (Nason's), a *white* coal tar ointment. It "has proven as valuable as the black coal tar preparation", say Swartz & Reilly, (Diagnosis and Treatment of Skin Diseases, p. 66) but is **FREE OF THE OBJECTIONABLE QUALITIES OF BLACK TAR**. A contrast of its qualities

with those of black tar explains why patients find SUPERTAH pleasant to use:

1. **WHITE**, not black.
2. Hardly noticeable on the skin.
3. Easy to remove from skin.
4. Causes no stain or discoloration of skin.
5. Does not discolor bedding or clothing.
6. Free of tarry odor.
7. Non-irritating; non-pustulant.
8. Need not be removed before re-application.
9. Can be left on skin indefinitely without fear of dermatitis.

SUPERTAH (Nason's) is distributed ethically in 2-oz. jars (5% or 10% strength.)

SUPERTAH

(NASON'S)



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RELIABLE PHARMACEUTICALS SINCE 1905

How to Register Government Savings Bonds to Your Best Advantage

*An ill-advised choice of registration may
upset your financial applectart*



The buyer of Government savings bonds, Series E, often chooses the legal form of ownership least suited to his needs. All he sees is the convenient device of registering the bond in the name of two persons rather than in his name alone. He realizes the advantage of automatic, unrestricted transfer to a beneficiary in case of his death or temporary absence. So he usually has the bond registered in co-ownership with another person, such as his wife.

As his savings bonds accumulate, he may conclude that registration of a co-owner offers the additional benefit of minimizing taxes. The fact is, however, that in many respects such considerations are erroneous.

Let us begin with the tax factor. In nine cases out of ten the purchaser intends to invest his money primarily for himself. In this typical situation neither the Federal estate

tax nor the Federal gift tax cuts any figure. What's more, statutory exemptions and exclusions are such as to make relatively few estates subject to these taxes. Even where the taxes might apply, their effect on the choice of a form of registration should properly be zero.

Whether a bond is registered in the purchaser's name only, or with the addition of a co-owner, the market value of the bond upon the purchaser's death must be included in the estate for Federal estate tax purposes. It is assumed that he bought the bond with his own funds. If the co-owner contributed to the purchase money, the purchaser's executor may claim a proportionate exclusion.

On the other hand, Federal gift tax liability cannot arise as long as the bond is not redeemed and is registered in the purchaser's name, with or without a co-owner. If the purchaser has the bond registered in the name of someone to whom he intends to make a gift, the gift tax, if any, applies at the time of the purchase.

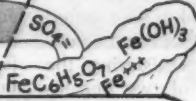
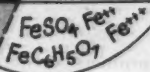
Many investors take it for granted that the proceeds of a bond cashed by the beneficiary or the co-owner after the purchaser's death belong to the casher, with no duty to account to the purchaser's estate.

► Harold Wurzel, the author, is a member of the New York Bar and a tax consultant affiliated with the Research Institute of America. Articles of his have appeared in the Harvard Law Review, Yale Law Journal, Columbia Law Review, etc.

COLLOIDAL IRON vs Ionizable Iron

OVOFERRIN
COLLOIDAL IRON
PROTEIN DOESN'T
IONIZE . . . DOESN'T
IRRITATE.

IRON OF IONIZABLE
SALTS MAY BREAK DOWN
INTO IRRITATING IONS
WITH ACTION OF
GASTRIC JUICES.



OVOFERRIN STABLE NON-IONIZABLE
IRON IS READILY ABSORBABLE IN
THE INTESTINE . . . WITHOUT ANY
DISTRESSING SIDE-EFFECTS.

IONIZABLE IRON SALTS
MAY FORM DEHYDRATING,
CONSTIPATING
PRECIPITATES.

No disagreeable
taste. Does not
stain teeth.

IN TREATING HYPOCHROMIC ANEMIAS, OVOFERRIN, colloidal iron-protein, is an easily assimilable hematinic that acts without irritating the stomach or intestine, without dehydrating the bowel, without staining or dissolving tooth enamel.

Being a hydrous oxide of iron, OVOFERRIN's advantages over iron salt preparations are noteworthy. For when iron salts break down into iron and acid ions, astringent and irritating side-

effects may take place, with distressing results for the patient.

With OVOFERRIN none of these gastric upsets occur because OVOFERRIN iron remains colloidal,—practically unchanged by gastric juices.

Still a fully-hydrated hydrous oxide, OVOFERRIN iron reaches the intestine ready for prompt absorption in its colloidal state, readily assimilated. *No dehydration . . . no constipation . . . no irritation.*

OVOFERRIN's palatability makes it acceptable to the patient with hypochromic anemia, the convalescent, the chlorotic child; in pregnancy and lactation; and in debility states.

At drugstores in 11 oz. bottles. Dosage: One tablespoonful in milk or water at mealtime and bedtime.



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COLLOIDAL
ASSIMILABLE IRON

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Others are equally certain that while the beneficiary or co-owner may cash the bond, it is for the purchaser's last will or the laws of intestacy to name the person ultimately entitled to the proceeds.

Who is right remains to be determined. Treasury regulations, of course, clearly specify the person authorized to claim payment. But they do not foreclose the possibility of subsequent claims against the beneficiary or co-owner who cashed the bond. Unless the purchaser can reasonably expect no such claims, he may do well to have the bond registered in his name exclusively and provide in his will for its disposition.

Since plans for an entire estate can be upset by an ill-advised choice of registration, early correc-

tion of the error is essential. If the beneficiary's consent to cancellation of his name can be secured, a mere reissuance under the original date is the proper remedy. The only other way out is for the purchaser to cash the bond and reinvest the proceeds in a new bond registered in his own name exclusively. The loss of interest will ordinarily be much less a factor than the risk of future litigation of highly uncertain outcome.

In cases of more complex estate planning, Series F and G bonds commend themselves by reason of their wider choice of permissible registration forms. They can, for example, be registered in the name of one or more trustees, their ultimate disposition following the line prescribed by the trust instrument.

—HAROLD WURZEL

Cabinet Status

Continued from page 65]

U.S. Public Health Service, the powerful Social Security Board, and the Office of Education—has done much to crystallize the pattern of government control over health and medicine.

Proposals to combine various Federal health activities under one head, of cabinet rank, are not new. A bill to create the post of Secretary of Health has been introduced in the House. It (and similar proposals that have been made from time to time) would bring together in a single department the Public Health Service and the Food and Drug Administration, as well as the medical-care activities of the Children's Bureau, the Farm Security Administration, and other agencies.

But these bills differ materially

from the proposal of the Woman's Foundation in that they advocate cabinet status for medicine alone. Their proponents argue that

1. National health is important enough to justify a separate executive department.

2. Federal medical functions must be united and administered separately from related activities in education and welfare or risk being relegated to second or third place in the over-all program.

3. There is grave danger that health activities as presently administered will be subject to growing lay and political control.

There is, of course, a vast difference between such thinking and the scheme favored by the Woman's Foundation—which appears to hew to the "line" of the social planners. In the committee report embodying the Woman's Foundation

[Continued on page 122]

No BALLYHOO in



There's a lot of ballyhoo these days about the vitamin B-complex—a lot of talk about the action of the synthetic components of the so-called B-complex preparations. But note that all members of the natural B-complex have not yet even been isolated. And clinical and laboratory investigators tend to hold natural source material, containing all the B-complex factors, to be the best protective dietary supplement of this vitamin.

HEXA-HARRIS TABLETS

POTENT • ALL-VEGETABLE • NATURAL SOURCE
PLEASANT-TASTING • NO SYNTHETICS ADDED

SEE NEXT PAGE FOR DETAILS AND FREE SAMPLE OFFER

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(Division of Bristol-Myers Company)

Tuckahoe 7, N. Y.

PRODUCERS OF VITAMINS FOR MEDICAL USE SINCE 1911

this B-COMPLEX

HERE ARE FACTS YOU CAN BANK ON

1. Hexa-Harris Tablets contain all known members of the B-Complex natural to primary grown yeast (Brewers' strain).
2. They are truly all vegetable—no synthetics added.
3. Two Hexa-Harris Tablets supply 1.2 mg. of thiamine and 2.4 mg. riboflavin or 1-1/5 times the min. daily requirement.
4. Triple-coated for potency-protection and pleasant taste.
5. Also contain niacin, pyridoxine and pantothenic acid as found in this natural source material.



R_x HEXA-HARRIS TABLETS

WHEREVER YOU NEED THE
TRUE VITAMIN B-COMPLEX

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Please send me a sample package of HEXA-HARRIS Tablets and literature.

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STATE

Dept. E

'Sell Out' to Insurance Companies Charged by Medical Society

*'Wisconsin plan' called a potential
threat to physicians' rights*



Although health and accident insurance companies have plenty at stake, few of them have done much to meet the threat of Government competition. Among the few are seven companies operating in Wisconsin. This month they have joined forces with the state medical society in marketing an insurance plan to provide surgical and obstetrical care and hospitalization for low-income people—a plan that was described variously as “the logical solution of the prepayment problem” and “a callous sell-out of every principle organized medicine has fought for.”

Entire operation of the scheme apparently is being placed in the carriers' hands, the state society expecting to share in its control. The latter will cooperate with company officials in revising premium rates, benefits, and administrative rules as experience requires. The society, a representative revealed, hopes that benefits can eventually be extended to cover home and office care.

Only after a stormy, four-hour debate in the state society's house of delegates was the plan approved. Whereupon four county societies formed an opposition group committed to non-participation. The dissenters included the important county medical society of Milwaukee (which has been at odds with the state society on the prepayment

issue for more than a year) as well as those of Racine, Kenosha, and Eau Claire. Milwaukee's opposition stemmed in part from the fact that the new scheme would offer serious competition to its own existing plan, Milwaukee Surgical Care.

Bitter bickering marked the sessions at which the plan was discussed. Gregory Gramling, attorney for the Milwaukee society, asserted that the scheme (1) brings a third party into the doctor-patient relationship; (2) fails to bind the companies to the physicians by contract; (3) gives the doctors no voice in policy-making; (4) allows the companies to pass on the reasonableness of doctors' fees; (5) permits the companies, rather than the surgeons, to determine the need of surgery.

The Racine County Medical Society objected to (1) inadequate benefits; (2) provision of indemnity rather than service; (3) introduction of the plan while many doctors were still in the armed forces.

Carriers participating in the commercial plan were reported by the state society to have agreed to devote all profits either to the lowering of premiums or to an increase of benefits. Their readiness to operate on this basis was attributed to concern over Government proposals for compulsory coverage.

Opponents of the scheme insisted

The Wisconsin Plan

SCOPE: Limited indemnity policy will cover (or apply against) surgical, obstetrical, and hospital bills.

OPERATION: Seven commercial companies (others to join later) will sell contracts, administer benefits, with state society endorsement. Joint regulation by society and companies.

PARTICIPANTS: *Insurance companies*—Liberty Mutual, Boston; Lumberman's Mutual, Chicago; and Employers Mutual, Hardware Mutual, Wisconsin National, Old Line Life, and Time Insurance companies, all of Wisconsin.

Physicians—Subscriber may choose any doctor, but indemnity payment is limited to a scheduled amount. If the M.D. is a member of a participating county society, the subscriber signs a waiver, giving the doctor authority to collect directly from the carrier; and the doctor agrees not to charge more than the scheduled allowance.

Public—Any resident of state eligible to join, either as an individual or as a member of a family or other group. No income ceiling as far as right to subscribe is concerned.

MONTHLY PREMIUMS:

Individuals—\$1.20, male;

\$1.90, female; \$4.70, male and one dependent; \$5.40, female and one dependent; \$6, male and more than one dependent; \$6.70, female and more than one dependent.

Franchise groups (less than ten people)—\$1.10, male; \$1.70, female; \$4.40, male and one dependent; \$5, female and one dependent; \$5.50, male and more than one dependent; \$6.10, female and more than one dependent.

Groups (ten or more people)—\$1.00, male or female subscriber; \$3.00, man and wife; \$4.75 to \$5, family.

BENEFITS: *Hospitalization*—

For each person covered, up to \$155 annually (31 days at \$5 a day) for hospital bills, plus \$25 annual maximum for extras (*i.e.*, X-ray, radium, anesthetics, transfusions). For maternity cases, hospital allowance limited to \$70, with nine-month subscribership required. No limit on number of times hospitalized during the year for non-connected conditions.

Surgical—Each person covered is allowed a specified amount (ranging from \$10 to \$150) for each operation.

Obstetrical—\$50 per case, for prenatal, delivery, and postnatal care.

In iron-deficiency anemia —

When the "shotgun" wins, the patient loses . . .

**because "shotgun" preparations cost
the patient from 3 to 12 times
as much as Feosol Tablets.**

In iron-deficiency anemia, iron alone is specific, and FEOSOL TABLETS have become the standard form of iron therapy.

In the charts on the opposite page, the price of Feosol Tablets is compared with the prices of four leading proprietary anti-anemic "shotgun" preparations.*

The tremendous economy of Feosol therapy is immediately apparent.

Feosol Tablets supply adequate dosage of ferrous sulfate—grain for grain, the most effective form of iron—at a prescription cost of approximately \$1.00 per month. In marked contrast, representative "shotgun" preparations cost the patient from three to twelve times as much. Feosol, Kline & French Laboratories, Philadelphia, Pa.

**The comparisons are based on prices to the wholesale druggist.*

R_x

Feosol  Tablets
the standard form of iron therapy

Relative price of grain of
cottonseed hulls:



Relative price of cottonseed
hulls to cottonseed hulls:





PROTECTION FOR INJURED OR AILING FEET

Mollo-pedic Shoes are designed specifically to protect and support the injured, ailing or cast-bound foot; to replace hard, unyielding shoes and give the patient confidence and non-slipping, cushioned comfort in his efforts to walk.

Mollo-pedic Shoes are also exceptionally helpful in general recuperative cases, when the patient is re-learning to walk and hesitant of gait.

Soles of Mollo-pedic Shoes are of thick, resilient, sponge rubber. Uppers are fashioned of soft, strong, pliant, genuine Osnaburg fabric. Patented lacing method permits adjustment to any shaped dressing or cast to avoid pressure on tender spots.

Available at leading Surgical Supply Dealers.

Manufactured by
DETROIT FIRST-AID CO.
DETROIT, MICH.

that in no sense is it a nonprofit arrangement for the carriers. According to Mr. Gramling, the nonprofit idea got into circulation following the remark of a representative one of the carriers that "We don't expect to make any money on this; we expect to lose some for a while."

"But," Gramling told MEDICAL ECONOMICS, "he also said the rate would have to be revised after the companies acquired some experience. There isn't any question about the carriers deriving profit. It stands to reason that if they follow the accepted practice, they're going to arrive at a rate which will permit them to meet their claims, set aside their customary reserves, and pay their customary dividends. There's nothing in the plan which presupposes that the companies are going into this as a philanthropic gesture."

"The Wisconsin plan is nothing more or less than an insurance contract between the insured—the patient—and the carrier. Neither the individual doctor nor the state society is a party to it. There is absolutely no agreement between organized medicine and the carrier other than that participating doctors must agree to accept a specified benefit for a specified piece of surgery, at a rate set up by the state society. It's purely a cash indemnity proposition.

"The only difference between the Wisconsin plan and the ordinary health-accident policy is this: The carrier will accept an assignment by the patient, enabling the doctor to collect his bill direct from the insurance company. But this is a courtesy arrangement—the carrier does not contract to carry it out. Under no circumstances could the doctor collect more than the scheduled fee."

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Surgeons *feel* the superior sharpness of their inimitable cutting edges.

Surgeons *desire* just the desired degree of rigidity necessary to resist lateral pressure.

Surgeons *know* that dependable strength and long cutting efficiency serves to reduce blade consumption to a minimum.

★ The quality of Rib-Back Blades has suffered no war-time change. Precision uniformity . . . blade for blade . . . and long periods of satisfactory service, make them the least expensive in the final cost analysis.

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Danbury, Connecticut

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DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 37

from a participating company."

But a representative of the state medical society told MEDICAL ECONOMICS that "the insurance companies have stated repeatedly they will run this plan as close to cost as possible. And remember, any company which fails to live up to the statement of principles it has signed may not continue as a participant."

Asserting that the idea is economically unsound, Gramling predicted that it would not lower hospital and surgical-care costs. On the contrary, he declared, it would add "not only the cost of administration but also a profit for the insurance company."

The attorney felt that the scheme, dangerous as it may prove locally, has even more serious implications to medicine nationally—now that a state society has approved cash indemnity by commercial carriers as a major policy. "We consider it highly hazardous because the contract provides that in any case of surgery for which no benefit is listed in the fee schedule, the carrier has the right to set the fee. We take the position that if medical men allow their fees to be set by somebody other than themselves, they are revoking all the objections they have ever had to Government medicine. What's the difference between insurance-company control and Federal control?"

"Consider, too, this angle: The contract provides that the carrier has the right to examine the insured at any time to determine whether or not surgery is needed. The minute

medical men give laymen such a right, aren't they kicking away one of their fundamental objections to Government medicine?"

Regarding the possibility of conflict with the existing Milwaukee plan, Mr. Gramling said that much confusion may result—due to the fact that Milwaukee Surgical Care offers service benefits and the new plan offers indemnity. Premiums on the whole are comparable, he said. Blue Cross rates are considered versus MSC rates. (The Wisconsin plan rates include hospitalization.)

Wisconsin State Medical Society officials were equally contentious at the delegates' meetings. Charles Crownhart, executive secretary, said it was high time that the society made up its collective mind to do something better than the Federal planners could propose—or to take the consequences. According to Crownhart, the plan's cash benefits would protect farm or factory workers better than any single scheme now available in Wisconsin. He admitted that the society had no contract with the companies, but said that each carrier would agree, in a letter, to comply with plan provisions. He pointed out that only the policies approved by the state society can be sold as plan contracts, and that "this gives the society complete control over the character of the plan."

The state society, its representative told this magazine, does not consider the Wisconsin Plan a

HEMORRHOIDAL ITCHING and BURNING

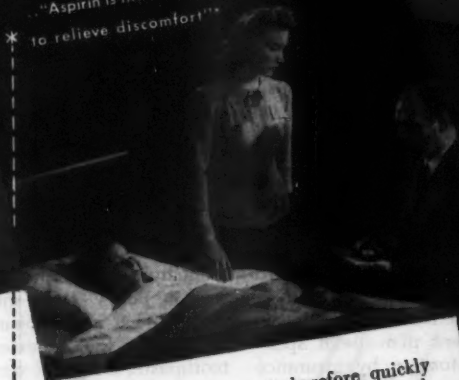
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 "Aspirin is the best drug
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A rapidly absorbed and therefore quickly effective method of assuring the full analgesic, antipyretic action—a method which likewise insures a desirable, concomitant intake of fluid is offered in—



Acetyl-Vess

In solution, this effervescent tablet produces a palatable, soluble salt of aspirin (8.5 grs.) buffered with sodium citrate (27 grs.).

CLINICAL ADVANTAGES: The buffer-alkali mechanism, together with the CO₂ factor of the effervescent base, combines to

Speed stomach emptying time—
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Make preparation readily available for absorption—enhancing (augmenting) analgesic effect

Available through your prescription pharmacy in bottles of 25 tablets.

*Dayton, D.M.: The Common Cold in Children, Northwest Med., 40:409-411 (Nov.) 1941

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perfect solution" to the problem of prepayment. "The plan is offered as an experiment—there will have to be a period of evaluation."

Commenting on alleged insurance company control of fees, he said: "A master schedule of 500 items has been drawn up, with a reasonable fee for each. This schedule was prepared by physicians—not the companies. The 500 items should cover about 90 per cent of claims. If a dispute arises on any of the remaining 10 per cent, it will be settled by a committee composed of 50 per cent doctors and 50 per cent insurance men."

"As to the introduction of a third party between patient and physician, it must be remembered that in any prepayment plan—be it sponsored by doctors or by insurance companies—the machinery of the program must inevitably come between the patient and physician."

"This is a service plan inasmuch as it gives complete coverage within the defined income group on election by the patient to participate; and complete freedom of choice is provided by permitting a subscriber to go either to a participating or non-participating physician. No similar provision is made in other plans brought to the attention of the drafting committee."

"Participation is voluntary on the part of doctors. The plan utilizes machinery (insurance companies) with a most enviable record. It

measures up in all details to any other comparable plan yet devised."


"Complete coverage can only be made operative when doctors agree to a fee schedule. Without such a schedule, approved by the profession, complete coverage would be possible only under a service plan."

The plan may be to the liking of rural physicians, it appeared, for it is being supported by a tri-county society covering Trempealeau, Jackson and Buffalo counties.

Editorial opposition has been expressed by the Milwaukee Journal. The paper called the program "no plan at all," but simply an endorsement by the society of a health insurance policy "to be sold commercially." That might mean not much more than the endorsement of a toothpaste, the paper went on, were it not for the fact that the growth of such non-profit plans as Blue Cross and Milwaukee Surgical Care were being jeopardized by commercial competition. The Journal hinted that many of the delegates who voted approval of the scheme had not been given ample time to study its implications. It accused "a wilful and benighted leadership within the state medical society" of attempting "to dress up a standard commercial insurance policy as something new."

Meanwhile as controversy waxed hot throughout the state, the carriers were going ahead with arrangements to put the plan into operation this month.


—MELVIN SCOTT



New... THE No. 66 Bathinette*

The "Bathinette" Way is the Accepted Way of bathing babies. Hammock with Headrest supports baby's head—leaving mother's hands free for bathing. Equipped with Shelf for baby's things and Spray for filling Tub and rinsing baby.

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Salaried Jobs

[Continued from page 74]

obtaining school health work are greatly enhanced.

Group clinics present a special problem for the gynecologist; surgeon-partners usually want to handle the gynecological cases.

Some placement agencies require a small registration fee (\$2 to \$5); all require a sizable one if they succeed in placing you (usually about half your first month's pay). Normally, the large ones place 40 to 50 per cent of their applicants; during the war, most of them have been able to place nearly every doctor-registrant.

If you're applying for an industrial job, better write a letter of application before calling on a potential employer. Address it to the highest-ranking official you think you can reach; it's easier to work down in an organization than up.

Give your phone number in such a letter; also, be factual rather than flowery. In listing references, don't include eminent men whom you know only casually; stick to the

names of those who know you well enough to express an opinion.

When being interviewed, don't do too much of the talking; don't be too technical with a layman; decide beforehand on the minimum salary you can accept.

After the interview, write the executive a courtesy note, thanking him for seeing you; it may serve as a worthwhile reminder.

A word to demobilized medical officers who left salaried positions to join the armed forces: The G.I. Bill of Rights provides that your former employer must—except under specified conditions—re-employ you for at least a year if you wish to resume your old job. But you must ask for reinstatement within ninety days following discharge. If need be, put your request in writing, keeping a carbon copy, and send it by registered mail, return receipt requested. This veteran's priority applies to any salaried job you may have had—part-time or full-time—in private industry, in hospital or clinic, with an insurance company, a school board, police department, welfare foundation, or other agency.

—EDWARD PAYSON

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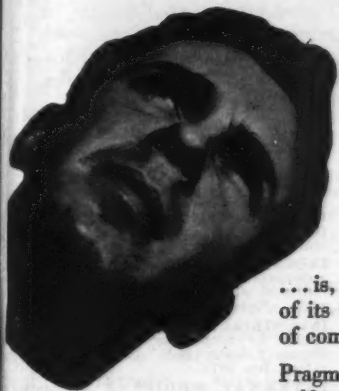
Contraceptives

Trioxymethylene 0.04%

NEW YORK 19, N. Y.

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widespread use of Pragmatar by dermatologists



... is, perhaps, the most convincing evidence of its unusual effectiveness in a wide range of common skin disorders.

Pragmatar—a significant improvement in tar-sulfur-salicylic acid ointments—is particularly valuable in the management of eczema; seborrheic affections, especially of the scalp; fungous infections; psoriasis; etc.

Indications and detailed directions for the use of Pragmatar may be found in the "Manual of Dermatology" and in the "Manual of Clinical Mycology"—both recently issued under the auspices of the Division of Medical Sciences of the National Research Council. Smith, Kline & French Laboratories, Philadelphia, Pa.

*Highly effective
in an unusually
wide range of
common skin disorders*

PRAGMATAR

(with sulfur and salicylic acid)

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POSITIONS FOR WAR-VETERAN PHYSICIANS

Any physician returning to civil life from the armed services or from a war agency may insert *free* in the domestic edition of **MEDICAL ECONOMICS** (circulation: more than 100,000) a position-wanted classified ad (maximum: 24 words). The following data (which will be kept confidential) must accompany the copy for each ad: name; address; rank or position; date. Copy must reach **MEDICAL ECONOMICS** by the 5th of the month preceding publication. Address: Veterans' Service Editor, Medical Economics, Inc., Rutherford, N.J.

ANESTHETIST available; 5 years' experience inhalations (including cyclopropane and endotracheal), intravenous, and regionals (spinal, caudal, and block). Part time preferred. (Now in N.Y.) Box 1520.

ASSISTANTSHIP in general practice desired. Alternatives: industrial appointment, residency in state tuberculosis hospital, or location for general practice in New York or Ohio. (Now in New York.) Box 1505.

ASSOCIATION desired with qualified surgeon or gynecologist. Object: training in either specialty. (Now in Md.) Box 1521.

ASSOCIATION with M.D. or group desired. Have two years' hospital training, and will take additional training to qualify. Age, 32. (Now in Ohio.) Box 1507.

GENERAL PRACTICE associateship wanted, including obstetrics and general surgery. (Now in Illinois.) Box 1515.

GENERAL PRACTICE, including surgery, wanted in town of 10-15,000 population in Washington, Oregon, or California. (Now in Wash.) Box 1518.

GENERAL PRACTICE location wanted in N.Y. or N.J. town of 8-10,000 population. (Now in N.Y.) Box 1523.

GENERAL PRACTICE location wanted. Middle West. (Now in Missouri.) Box 1514.

GENERAL SURGERY associateship wanted in California. Class A graduate, 39, ten years general practice. (Now in Nebraska.) Box 1513.

GROUP appointment desired. Have special training in gastro-enterology, communicable diseases, internal medicine. Would prefer to practice in East. (Now in Washington, D.C.) Box 1506.

INDUSTRIAL position anywhere in Massachusetts desired by physician in charge of infirmary at Army ordnance plant for two years. (Now in Mass.) Box 1522.

INDUSTRIAL position, full or part time, desired by young physician practicing in Queens County, N.Y. XM5 compensation rating. Box 1519.

INTERNAL MEDICINE assistantship sought by physician, 34, with good knowledge of the specialty. Location: New York City. (Now in New York.) Box 1509.

MEDICAL PLAN position wanted (industrial, commercial, shipping). Will go anywhere. State approximate salary. (Now in Calif.) Box 1524.

NEUROPSYCHIATRIST, diplomate, aged 40, desires group association, partnership, hospital appointment. (Now in Calif.) Box 1517.

RADIOLOGIST, diplomate American board, desires full-time employment or other suitable association in New York area. (Now in New York.) Box 1508.

SMALL-TOWN PRACTICE, unopposed, desired by physician, 31, graduate of approved school. Alternative: appointment in psychiatric hospital. (Now in Penna.) Box 1516.



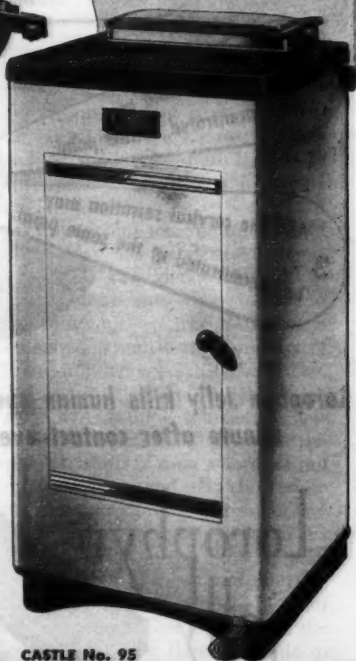
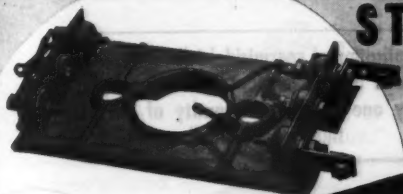
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If repairs are ever necessary, the complete heating unit is replaced in 5 minutes . . . at low cost . . . so there is never a mixture of new parts and old to cause minor break-downs. For further details of Castle Sterilizers and their lifetime service, write: WILMOT CASTLE CO., 1143 University Ave., Rochester 7, New York.

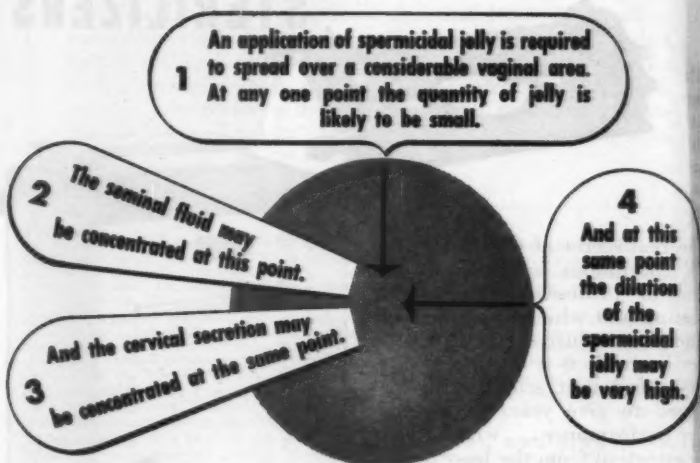
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Castle

LIGHTS AND STERILIZERS

DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 95

Why Spermicidal Preparations should be effective even at high dilutions



Lorophyn Jelly kills human sperm within less than one minute after contact even at dilutions as high as 1:20

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Active Ingredients: Phenylmercuric Acetate 0.007%, Polyethylene glycol of mono iso octyl phenyl ether 0.2%, Methyl p-Hydroxy Benzoate 0.005%, Sodium Borate 3.0%



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NORWICH NEW YORK

A Voice for the General Practitioner

*Head of successful state G.P. section suggests
immediate steps to gain representation*



The G.P. is still the connecting link between the public and the specialist. His is the closest contact with the people—on whose good will the medical profession must rely to defeat Government intervention. He is the man whom the socialist forces are trying to win—with promises of financial security, retirement, and an easier life. Well do they know that without the G.P. no plan they offer can succeed.

As my colleague, Dr. Frank A. Weiser, recently wrote in the Detroit Medical News: "Specialization has contributed greatly to the progress of medicine, but some of that progress sprang from the talents of men who were primarily general practitioners and whose contributions were made possible by contacts with varied manifestations of disease . . . In some form or other, the general practitioner will long continue to be the keystone of good practice—private or otherwise. He should be permitted to develop side by side with the specialist, and

should not be restricted unnecessarily in contacts with disease and its care."

Since the AMA House of Delegates will be asked again this month to establish a general practice section, and since many physicians have inquired how such a section can be set up in a county or state medical society, a short history of our experience in Michigan may be timely.

Many years back, the question of establishing a general practice section at the Providence Hospital in Detroit was discussed at staff meetings. Among those who took part in the conversations were a number of liberal-minded specialists, with Drs. G. L. McClellan and W. P. Woodworth, OALR men, as leaders. Their object was twofold: (1) to clear the specialty staffs of men who were not pure specialists and who showed no inclination to develop into such; and (2) to give recognition to G.P.'s who had been on the courtesy staff for a number of years and who, by their high type of practice, by their devotion to the best interests of the hospital, and by their referrals to staff members, had shown a genuine willingness to cooperate.

The endeavor, however, never made much progress: Militating against it were the old notions that G.P.'s have no place on a hospital

► The author, Dr. W. B. Harm, is chairman of the general practice section of the Michigan State Medical Society and president-elect of the Wayne County Medical Society.

staff and that if given one they would by their very number tend to gain control of hospital policies and so destroy the institution's approved status. (This despite the fact that the majority of patients are referred by G.P.'s.)

Came the depression years—and, with it, many acute, organizational problems. One of these problems developed from the fact that a group of members of the Wayne County (Detroit) Medical Society felt the society was not representing the entire membership in the treatment of economic issues. These men formed an independent organization known as the Medical Guild. The guild was not opposed to organized medicine; it asked only to be heard. At its own expense, it circularized the county medical society membership, distributing in-

formation and asking questions. It made no attempt to control the offices of the society, but did ask representation on the various active committees. It also asked for the formation of a general practice section in the society. (This would automatically mean council representation, as all section chairmen are members of the society's council.) At first, guild members were labeled "bolsheviks," but before long they came to be recognized as sincere, progressive men. In time, a good proportion of their objectives were attained. Among the most important was the establishment of a general practice section in the society.

About this time Mount Carmel Hospital was founded, and a surgeon, Dr. Louis Gariepy, one of the Providence liberals, became its chief of staff. He insisted on a general prac-

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Double Cabinet less Autoclave, \$160. With Autoclave as shown, \$405.
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tice section in the staff set-up, and it was established under the able leadership of a general practitioner, Dr. Arch Walls, first chairman of the G.P. section of the county society.

Next, the county society, at a meeting of state delegates, asked for the establishment of a general practice section in the state society. Its resolution was passed without opposition.

Thus, three major steps forward were taken at the hospital, county, and state levels. The next objective would be a voice for the G.P. in the national organization.

In each of the past five years, Michigan delegates have called on the AMA House of Delegates to establish a general practice section within the AMA framework; but thus far the national body has pigeonholed every attempt to give the general practitioner such recognition. The Michigan resolution is scheduled for introduction again this month in Chicago. And we in Wayne County are convinced that if it is again shelved, stronger methods will be in order.

Where does the Wayne County G.P. now stand? He has a representative at council meetings who sees that his interests are protected, that members of his group are appointed to active committees, that movements for his betterment are initiated.

Thus the section has made articulate a group of doctors who have hitherto been silent. Through their

active interest in their local society, general practitioners are now heard in their state organization. Eventually, if not soon, they will be heard also by the AMA.

Current legislation for compulsory sickness insurance, for maternity care, and for certain types of veterans care would result in broad-scale G.P. programs. Yet all arrangements would be made—as they have been in the case of EMIC—by specialist groups.

G.P.'s get the short end of the stick in most organizations because they are willing to take what is left. We have found the specialists most cooperative once they discover that G.P.'s are willing to assume some responsibility for medical society policy and action. In discussing mutual problems, the specialists have proved to be unbiased and tractable. I'll admit there are a few who look upon the G.P. as a doctor who hasn't quite made the grade—and with some reason: A number of G.P.'s *do* get into a rut, cease to read medical literature, and say they are too busy for medical meetings or post-graduate work. The thing to keep in mind is that G.P. sections in medical societies will help to correct just such conditions.

Efforts to get G.P. representation are now being made not only in Michigan but also in California, Ohio, Missouri, New York, and elsewhere. General practitioners must wake up and speak up. Lack of organization is nobody's fault but



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FORMULAC ...

an advance in infant nutrition

FORMULAC is the trade name for a new, vitamin-fortified infant food, developed by E. V. McCollum, and recently introduced on the market.

FORMULAC (a reduced milk in liquid form) is sufficiently supplemented with vitamins C and D, as well as vitamins of the B complex, iron, copper and niacin, to render it an adequate food for infants. The McCollum method of incorporating the vitamins *into the milk itself* eliminates the risk of maternal error, since supplementary administration is unnecessary.

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their own. Many able leaders are to be found in their ranks. Let them first organize in their county and state societies. National organization will follow.

Concerning the hospital situation: institutions are overcrowded not only because of prosperity and Blue Cross expansion, but also because the practice of medicine has advanced to a point where physician and patient alike realize that the best work can be done in the hospital. As a result, thousands of doctors who never utilized the hospital before now want hospital beds. And their patients can afford them.

Due to wartime conditions, new units could not be built, and physicians who already enjoyed staff privileges were served first. This situation will be remedied as more beds are provided.

But where does the general practitioner stand even when he has access to a hospital? What is his relation to the rest of the staff?

First, let's look at the record. The Manual of Hospital Standardization issued by the American College of Surgeons says:

"Each physician should have a major hospital; that is, one to which he wishes to attach himself more intimately and wherein to do most

of his work . . . A properly organized medical staff will not give advantages to any individual or group of physicians, or discriminate against the young physician properly qualified and competent, but will insure desirable supervision of all clinical work done in the institution." To my mind, these statements mean that every physician should have (1) a hospital to work in; and (2) the privilege of doing those procedures of which he is capable, regardless of whether he is a general practitioner or a specialist.

The manual also states that "All physicians privileged to work in the hospital must be organized." It recommends a five-section classification of staff members: honorary, consulting, active, associate, and courtesy. The first two need no discussion.

The active staff, according to the manual, should consist of "physicians who are selected to attend free patients and to whom such patients are assigned . . . Only members of the active medical staff should be allowed to vote or hold office."

The associate staff should consist of "junior or less experienced" men or "physicians who have not been actively interested in the work of the hospital but who have expressed



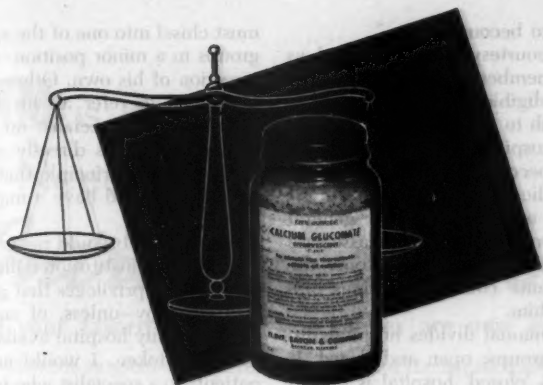
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Calcium Gluconate Effervescent (Flint) can be prescribed wherever it is desirable to administer calcium orally. It is convenient to use and pleasantly palatable—important factors where continuous administration is indicated.

**An effective calcium concentration in
a pleasant, sparkling beverage.**

The average dose is 1 to 1½ teaspoonfuls.



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Each gram of Calcium Gluconate Effervescent (Flint) contains calcium gluconate U.S.P. 0.5 gm., citric acid 0.25 gm., and sodium bicarbonate 0.25 gm.

FLINT, EATON & COMPANY

DECATUR • ILLINOIS

a wish to become active."

The courtesy staff is defined as "those members of the medical profession eligible for staff membership who wish to attend private patients in the hospital but who do not desire to become members of the active medical staff."

I do not see how the general practitioner fits into the associate group; so it is plain that only the active and courtesy sections are open to him.

The manual divides hospitals into two groups: open and closed. It says: "A 'closed' hospital is one in which all professional services, private and charitable, are provided and controlled by the attending or active medical staff." As there is no courtesy staff in this type of hospital, a general practitioner who wishes to get his patients admitted

must chisel into one of the specialty groups in a minor position—or have a section of his own. Otherwise, he is obliged to refer all his hospital cases to some specialist on the active staff. This is directly contrary to the manual principle that "every physician should have a major hospital."

Personally, I would never refer a patient to an institution which gives me only the privileges that patients' visitors enjoy—unless, of course, it were the only hospital available. By the same token, I would not refer patients to a specialist who takes his cases to such an institution. If I know enough to select the proper man for my referrals, it seems to me I also know enough to treat a few hospital cases personally.

Concerning open-staff hospitals, the manual says: "An 'open' hospi-

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Sedative
Somnifacient*

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PAGE 104 • MEDICAL ECONOMICS • DECEMBER 1945

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and your favorite lengths and gauges are now available

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For intravenous work, VIM *Stainless Cutlery Steel* needles are now available in the following lengths and gauges, all with Intravenous Points (18°):

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Order these sizes from your surgical instrument dealer. Write us for a complete list of sizes for general Hypo use, for Intramuscular, Intradermal, Subcutaneous and Immunization work. *Hollow-Ground Points Keen-Cutting Edges*

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tal is one in which there is an attending or active staff responsible for the treatment of charity cases, but which permits other physicians, generally known as the 'courtesy medical staff,' to utilize the private room facilities."

Under such a set-up, the G.P. is a sort of house guest; he has no voice in making the rules and regulations under which he must work; he receives no recognition for good work or long service; and he remains a member only as long as he refers work to the right people.

In either type of institution, the addition of a general practice section would clear the situation. As a member of such a section, the G.P. could vote and be useful to the hospital in many ways. (He could, for example, be of considerable value in the training of internes—for it is often amazing to discover how little they know about the home and office care of the patient before he is hospitalized.)

I have attempted here to describe the general practice groups in my community as a hint to physicians elsewhere. Our set-up may have to be changed somewhat, of course, to conform to the constitutions or by-laws of local organizations.

Most large hospital staffs could

easily add a general practice section under the by-laws recommended in the ACS manual. In the AMA, a G.P. section could be added in the same manner as the various specialty sections have been added—the most recent being that of the physical therapists. Such a general practice section would, of course, elect its own chairman and delegates.

Now, if ever, is the time to stop the constant wrangling between specialist and general practitioner, to unite the profession in an effort to give the public the best possible medical care. This can be done by seeing to it, as the ACS manual suggests, that every physician has a hospital to work in and the privilege of working according to his demonstrated ability.

The G.P., for his part, must awaken to new responsibilities brought about by the economic and professional changes in the medical field. He must work to convince his patients of the benefits of those "fourteen points" of which our national organization is so proud. He might do even more—by adding action to the words.

—W. B. HARM, M.D.

ANSWERS TO QUIZ, PAGE 60

1a. 2b. 3d. 4b. 5b. 6c. 7c. 8b. 9c.

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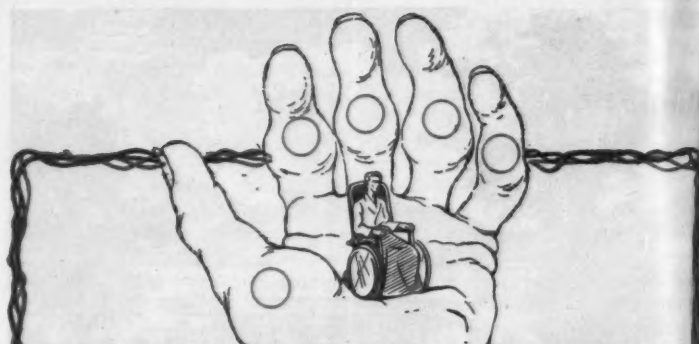
*For a gentle, more efficient laxative, or thorough cathartic—direct your patients to dissolve **SAL HEPATICA** in a large glass (8 oz.) of water. Laxative Dose: 1 to 2 level tps. Cathartic Dose: 4 level tps.*

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TO HELP FLUSH THE  **INTESTINAL TRACT**
Sal Hepatica **Liquid Bulk!**

SUPPLIES

DECEMBER 1945 . MEDICAL ECONOMICS . PAGE 107



DARTHRONOL

IN THE *Systemic*

REHABILITATION OF CHRONIC ARTHRITICS

That chronic arthritis is a systemic disease, of which the joint lesions are only one manifestation, is revealed by the frequent concurrence of many systemic disturbances. For the effective treatment of a systemic disease as complex as arthritis it is necessary to institute a complete program of systemic rehabilitation. Such a program must include optimal nutrition, rest, supervised exercise, physical therapy, orthopedic measures, and all the essential vitamins in amounts sufficient to exert both nutritional and pharmacodynamic influences.

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Each Capsule Contains:

Vitamin D (Irradiated Ergosterol)	50,000 U.S.P. Units
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Ascorbic Acid	75 mg.
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Mixed Natural Tocopherols	3.4 mg.

(Equivalent in biological activity to 3 mg. of Alpha Tocopherol)

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When Are Communications Privileged?

*Court decisions in a number of states
give the answer reported here*



Under common law, confidential communications made by a patient to a physician were not privileged. In many jurisdictions this has been changed by statute. The whole basis of the privilege lies in recognition of the fact that a physician cannot treat his patient adequately without a full disclosure of the facts relating to the complaint.

The California Code of Civil Procedure, for example, provides that in a civil action a physician cannot be examined without the consent of his patient as to any information acquired in attending the patient, which was necessary to enable him to prescribe or act for him. (An exception occurs when a patient sues for damages for personal injury, in which instance the physician who attended him may testify.)

If a physician is consulted for examination only, and not for treatment, information acquired by him in the course of such examination is often not privileged. There is, however, an increasing number of cases in which a broader construction has been placed on the statute.

Generally, communications be-

tween a physician and a patient in the presence of a third person are not privileged unless the third person is the physician's nurse or assistant. In such circumstances, the physician as well as the third person may testify as to such communications.

In some jurisdictions the third person can testify, but the physician is prohibited from doing so. However, even the third person cannot testify if he is present to aid the physician or if his presence is necessary as a means of communication between physician and patient.

The patient cannot be compelled to divulge the communications. On the other hand, he may waive the rule of privilege. If a patient refuses to waive the privilege rule, the law does not presume that the testimony would have been adverse to him.

When a patient sues his physician for alleged malpractice, it is held to constitute a waiver as to communications connected with the professional services about which complaint is made. If the patient testifies regarding the communications, the privilege is waived; so it is if the patient calls and examines the physician as a witness.

Evidence obtained from an autopsy is not privileged. Likewise, a deceased body is not a patient. In-

► This article approximates a portion of the author's book, "Medical Malpractice" (C. V. Mosby Co.).

formation acquired by necropsy on the body of a person who was not, prior to his death, a patient of the physician performing the autopsy is not privileged so far as that physician is concerned.

To the extent that hospital records disclose what physicians have learned in their attendance on a case, they also are protected by the rule of privileged communications—as much so as if the physicians were being examined as witnesses in person.

Sometimes a practitioner is requested by a court to examine a person so that he may testify regarding that person. If the examinee does not protest, and if he knows that the examination is made to qualify the physician to testify, he cannot thereafter object on the ground of privilege.

Timely objection is sometimes made to a physician's testimony, after which the objection is overruled and the physician is required by the court to proceed with his testimony. In such a case, the physician cannot be held liable to the patient for divulging alleged privileged communications; for if he had refused to comply with the court ruling, he would have been in contempt and subject to penalty.

In one well known case the defendant-physician had examined the plaintiff, found him to be afflicted with a contagious venereal disease, and requested him to leave the boarding-house in which he was living. Later, finding the plaintiff still there, the physician informed the proprietor of the disease. The plaintiff was forced to leave the boarding-house although, in fact, he was not suffering from the disease diagnosed.

The patient brought suit against the physician for breach of the duty of secrecy, but it was held that he could not recover. The court said the information given to a physician by his patient, though confidential, is subject to the qualification that if the patient's disease is dangerous and is so highly contagious or infectious that it would necessarily be transmitted to others, unless the danger were disclosed to them, then the physician should, in the event that no other means of protection is possible, be privileged to make so much of a disclosure as is necessary to prevent the spread of the disease. A disclosure in such a case, the court concluded, would not be a betrayal of the confidence of the patient if the physician acted in good faith and without malice.

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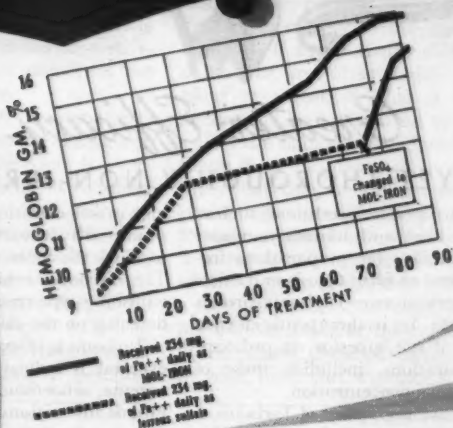
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A specially processed, co-precipitated complex of molybdenum oxide (3 mg.) and ferrous sulfate (195 mg.).

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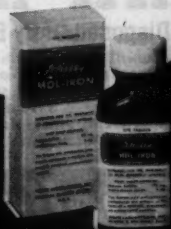
Available clinical evidence indicates that, in hypochromic anemia, the therapeutic response to this highly effective synergistic combination — as compared with equivalent dosage of ferrous sulfate alone — has unusual advantages:

- 1) **NORMAL HEMOGLOBIN VALUES ARE RESTORED MORE RAPIDLY, INCREASES IN THE RATE OF HEMOGLOBIN FORMATION BEING AS GREAT AS 100% OR MORE IN PATIENTS STUDIED.**
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- 3) **GASTRO-INTESTINAL TOLERANCE IS NOTABLY SATISFACTORY — even among patients who have previously shown marked gastro-intestinal reactions following oral administration of other iron preparations.**

Indicated in: Hypochromic (iron-deficiency) anemias caused by inadequate dietary intake or impaired intestinal absorption of iron; excessive utilization of iron, as in pregnancy and lactation; chronic hemorrhage.

Dosage: One two tablets three times daily after meals.

Available in bottles of 100 and 1000 tablets. Ethically promoted — not advertised to the laity.



even though he might have been mistaken in his diagnosis.

Libel is a false and unprivileged publication by writing, printing, picture, effigy, or other fixed representation to the eye which exposes any person to hatred, contempt, ridicule, or obloquy, or which causes him to be shunned or avoided, or which has a tendency to injure him in his occupation. Slander is oral defamation. It is the speaking of false words concerning another, whereby injury results to his reputation.

Despite the foregoing, it has been held in a number of cases that the written report of physicians appointed by a court to make a physical examination of a party to an action in that court constitutes a privileged communication and cannot be made the basis for a libel action. It has also been held in a case where a physician sent a patient to another physician for examination and treatment and where a letter was written by the second physician to the first, saying that an examination had shown evidence of syphilitic poison, that the communication was privileged and could not serve as the basis for an action for libel.

It is obvious that while the physician-patient relation is a confidential one and while communications

between patient and physician may be privileged, these facts do not affect reports required of the physician by law. Such reports required by law vary somewhat in the several states. Following are those required in California:

(1) Report of violent injury. (2) Report of contagious disease. (3) Report of industrial injury. (4) Report of ophthalmia neonatorum. (5) Death certificate; stillbirth certificate. (6) Birth certificate. (7) Special reports required by the health and safety code.

It was alleged in one case that an erroneous diagnosis of smallpox had been made and reported and that the patient was confined in the smallpox ward of a quarantine hospital. The jury was instructed that if it found that the plaintiff came under the observation of the defendant, a practicing physician, and that she presented physical evidences which to a reasonably prudent and informed physician would indicate the presence of smallpox, then it was the duty of the defendant to report the facts to the health authorities, and the jury could not find against the physician for so doing—even though the patient was not actually suffering from the disease.

—LOUIS J. REGAN, M.D., LL.B.

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Prescribe Dr. Scholl's Arch Supports in cases requiring mechanical relief from Weak Arch, Fallen Arch or Flat-Foot. You can depend on your patients being properly fitted and elevation of supports raised as condition of foot improves. This nation-wide Service is available at Shoe, Dept. Stores and Dr. Scholl's Foot Comfort Shops. For professional literature, write the Scholl Mfg. Co., Inc., Chicago. *Trade Mark Reg. U. S. Pat. Off.

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reasons why

'PROTHRICIN'

Antibiotic Nasal Decongestant
containing Tyrothricin and 'Propadrine' Hydrochloride
is **SUPERIOR** to the average vasoconstrictor

'PROTHRICIN' decongestant is indicated in the relief of nasal congestion accompanying the common cold, allergic rhinitis, acute catarrhal rhinitis, acute rhinosinusitis and acute ethmoiditis.

The active ingredients of this preparation are:

Tyrothricin (antibiotic) (200 micrograms per cc.)	0.02%
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'PROTHRICIN' is applied by means of tampons, irrigation, drops or spray. Supplied in 1-ounce bottles with dropper assembly. Sharp & Dohme, Philadelphia 1, Pa.



1. Does not abolish ciliary activity.

2. Maintains antibiotic action in the presence of pus and mucus.

3. Low surface tension (approximately 40 dynes per centimeter) affords sufficient penetration into the interstices of the mucosa to combat an acute infection.

4. Does not interfere with the normal defense mechanisms of the mucosa.

5. Isotonic solution—pH of 5.5 to 6.5—same pH as nasal secretions.

6. Nontoxic and nonirritating to nasal and sinus mucosa.

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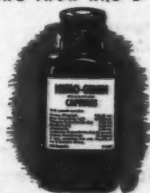
FROM A CLINICAL POINT OF VIEW...

It must be assumed that every patient with chronic infection is anemic."

● For treating hypochromic anemias, Hemo-genin combines the advantages of Fergon (Ferrous Gluconate Stearns) with the nutritional values of vitamin B complex plus liver concentrate. Because Fergon is rarely associated with gastro-intestinal distress, Hemo-genin may be administered before meals to enhance iron absorption.

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REQUIRING IRON AND B COMPLEX



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FACTS ABOUT HEMO-GENIN

COMPOSITION: Fergon (Ferrous Gluconate Stearns), synthetic vitamin B complex factors, and liver concentrate. Six capsules daily supply 12 gr. ferrous gluconate and the daily requirement of B vitamins.

NON-IRRITATING to gastro-intestinal mucosa because low degree of ionization makes it virtually non-astringent. May be administered before meals to facilitate maximum absorption.

GREATER iron utilization shown by clinical

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INDICATED in hypochromic anemias requiring iron and vitamin B complex. Especially valuable when patients do not tolerate other forms of iron.

DOSAGE: Two capsules three times daily, before or after meals.

SUPPLIED in bottles of 100 and 500 capsules.

†J. Clin. Investigation 16:547, 1937.

FURTHER FACTS AND SAMPLES WILL BE GLADLY SENT ON REQUEST

Q.J.A.M.A. 123:1007, 1943.

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PAGE 116 • MEDICAL ECONOMICS • DECEMBER 1946

What They're Reading

WHERE DO PEOPLE TAKE THEIR TROUBLES?

By *Lee R. Steiner*. - 264 pages. Houghton, Mifflin Company, Boston. \$3.

Doctors will quickly recognize Mrs. Steiner's "people." They are the all-too-common seekers after miracles, the shoppers who wander futilely from one quack to another in search of a ready-made, guaranteed, overnight cure. The author has spent twelve years studying the emotionally upset, as well as the various panaceas they are offered by radio good-will courts, fake vocational advisers, religious healers, spiritualists, numerologists, advice-to-the-lovelorn editors, "metaphysicians," lonely hearts clubs, etc.

Mrs. Steiner (whose book is subtitled "A study of the ways of men in trouble—a constructive study of the ways in which they may best find help") is a fellow of the American Orthopsychiatric Association and has lectured at such universities as Chicago, Fordham, and Rutgers, and at Hunter College. As special lecturer of the Illinois Society for Mental Hygiene, she received her first opportunity to observe the field of psychological quackery, but for the last ten years she has been conducting her researches independently.

Illustrative of the ease with which a person, qualified or not, can achieve a doctorate, Mrs. Steiner de-

tails her investigation of the "College of Divine Metaphysics" in Indiana. It has no entrance requirements except solvency. All courses—including practical metaphysics, key to self-unfolding, psychological metaphysical healing, psychology of child culture, and biblical literature—are peddled at \$50 each.

In the process of her investigations, the author—posing as a prospective student—asked the college's president, "Dr." William H. Woodfin, just how she could turn a degree into cash income. After much palaver, he referred her to two of his graduates who were doing just that.

"There was no doubt that I had arrived at the correct address when I went to call on the 'Drs.' Alexander," she writes. "In each of the two immense front window was an enormous sign in black letters on a white background: ANALYZING AND CONSULTING PSYCHOLOGIST. I climbed the broad steps of the handsome, four-story, brownstone house and rang the bell on the massive plate-glass door. It was opened by 'Dr.' Golder Alexander himself, a pleasant-looking, graying, amply nourished man wearing a sweater jacket. When he learned that I was a prospective student of the College of Divine Metaphysics and had been referred to him by 'Dr.' Woodfin himself, he welcomed me cordially and led me into a vestibule paneled in cherry wood, from which an impressive carved staircase led to the

upper floors. Seeing my admiration, 'Dr.' Alexander told me that the architect of the house was the famous Stanford White.

"In a few minutes 'Dr.' Nettie Alexander came in, removing her apron. She had turned the gas low and abandoned her preparations for dinner to join us. She informed me that she, too, was a 'doctor' and 'consultant,' sharing a business partnership with her husband. They felt honored that 'Dr.' Woodfin, whom they admired excessively, had referred me to them for further information.

"They explained the easy-payment plan for lessons. If one sends \$50, an entire 'subject' will be sent to him immediately. If he can borrow the second lesson from a friend, he may have the mimeographed pages on the 'subject' for \$25. To be a 'psychologist' (Ps.D.) one must take two 'subjects.'

"'Dr.' Alexander wished to know if I had ever had an analysis as to my ability to be a psychologist, and without awaiting my reply suggested that I have my horoscope drawn. No, he didn't do that, but I could find a good astrologer in the telephone directory. The Alexanders

wondered if I could foresee things. I said that I did not think I could. She said that it helps and that the school would help with that, too. 'Every morning at 10 A.M., 'Dr.' Woodfin's pupils all over the world tune in for an hour of meditation. The older pupils help the beginners.'"

Mrs. Steiner's book also relates her experiences with the notorious John J. Anthony, conductor of a "good will court" on the radio. He has been described by Time magazine as a "small, damp-eyed, foxy-looking gentlemen, sharp in manner and dress, who is the current top in aerial soul-searchers . . . Although Mr. Anthony's grammar is frequently dubious, and his off-the-air accent close to pure Broadwayese, he is convinced that he is far ahead of his professional rivals . . . As a matter of fact, he thinks he is essentially more experienced than most orthodox psychiatrists. 'I learn more in five minutes,' he says, 'than it takes them ten years to find out.'"

Here is Mrs. Steiner's report of her interview with Anthony:

"I told Mr. Anthony that none of his press releases are clear about his professional background.

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LAVORIS

**It's Different
and so Thorough**

Lavoris does not depend upon high-powered germicidal agents; but coagulates detaches and removes objectionable matter, without injury to delicate tissues.

PATIENTS, OR DOCTORS,
HANGING ON THE ROPES BECAUSE THEY'RE KEPT AWAKE
BY THE CAFFEIN IN COFFEE ~~~~



CAN DRINK DELICIOUS CAFFEIN-FREE **SANKA COFFEE**
AND SLEEP LIKE THIS!



ALL COFFEE...REAL COFFEE. .GRAND COFFEE

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DECEMBER 1945 . MEDICAL ECONOMICS . PAGE 119



# PERTUSSIN

## a valuable Therapy for distressing COUGHS in

- Acute and Chronic Bronchitis
- Paroxysms of Bronchial Asthma
- Dry Catarrhal Coughs
- Whooping Cough
- Smoker's Cough

### What Pertussin Is

*An extract of thyme (Process Taeschner) is the single therapeutic element in Pertussin. It is quickly absorbed and carried to the secretomotor center. Pertussin is highly beneficial in easing cough paroxysms not due to organic disease.*

### What Pertussin does

1. Pertussin stimulates secretion of the tracheobronchial glands to relieve dryness. 2. It facilitates removal of mucus accumulation. 3. It improves ciliary action. 4. It exerts a sedative effect on irritated mucous membrane.

*Pertussin is entirely free from undesirable side action. It is pleasant in taste, and well tolerated.*

# PERTUSSIN

For Children, Adults and the Aged

SEECK & KADE, INC.  
NEW YORK 13, N. Y.

"Are you a lawyer?" I asked.

"No," he answered. "I have had training in law, but I don't practice."

"Might I then list you as a self-schooled therapist?"

"He was angered, but did not contest the classification. Instead, he commented, 'I've studied all the psychiatrists' work.'"

"Does that mean then, Mr. Anthony," I suggested, "that you are opposed to professional preparation for the life work one undertakes? Are you implying that if you were preparing your young son to be a surgeon, you wouldn't first send the boy to medical school and then tell him to use his judgment, but just give him a scalpel and tell him to start operating?"

"He gave me a queer look and began to talk about himself:

"I have the best collection of material in the world from the sociological point of view . . . Eighty per cent of the marital reforms in this country have come about through me. So help me God."

"I asked him how he achieved this, since I had never heard of any reforms he had brought about.

"He answered: 'Through writing letters. Someone else is always getting credit for my work.' He later explained that 'Not being a legislator I cannot set a bill . . . The new compulsory examination for syphilis before marriage in New York State is the result of six years of my work.' I commented that Surgeon General Thomas Parran had done a great deal of work along these lines. 'Yes, I know,' he answered, 'Dr. Parran is also interested.'"

"Mr. Anthony continued: 'The Rockefeller Foundation had an interest in a marriage consultation service. They gave \$35,000 to keep it up



FOR THE RELIEF OF  
Muscular Aches and Pains...

Suggest  
**ABSORBINE Jr.**

and it fell through. So when Vassar College started an Institute of Marital Relations, they didn't go to the Rockefeller Foundation for advice on how to set it up; they came to me. All the plans were made right here in this room . . . Princeton University asked me to start an experimental station for a college."

"I knew that it would be a waste of time to verify any of the statements made by Mr. Anthony, but in order to be completely fair to him, I did. The President's Office at Princeton University wrote: 'We know nothing whatever about the matter.' The Rockefeller Foundation answered: 'Our records do not show that we contributed directly to a marital relations clinic.'" And, finally, Vassar had no recollection of any association with Anthony.

Mrs. Steiner also gave a number of "advice" columnists a test with discouraging results. Presented with an essentially complicated problem in child behavior (incidentally, a real case), their replies were an astounding collection of balderdash. Only one—Elsie Robinson—gave an ethical answer: "The problem is far too delicate and complicated to be solved by remote control."

Through the pages parade "vocational advisers" who, at \$50 a crack, will tell you the job you're suited for

by means of phrenology, astrology, palmistry, or what-have-you. There is an Irish spiritualist who summons back spirits to give comforting words; no one seems surprised that each of the spirits—no matter what his mortal nationality—speaks with a beautiful brogue. The notorious Pierre A. Bernard—Oom the Omnipotent—is here, too—also Dale Carnegie, who finds himself in the company of the proprietor of a magic mountain.

The book is well-written and as comprehensive as any volume designed for popular consumption could be. Taken as pure entertainment alone, it is worth an evening of anyone's time.

—JOHN BYRNE

## Cabinet Status

[Continued from page 79]

proposal, the same old thought pattern is apparent: Communities either are remiss or do not have the necessary funds to provide needed social services for everyone . . . The Federal Government should establish standards for attainment of goals in education, health, housing, nutrition . . . Only the Federal Government has sufficient funds to provide services and guidance, to collect statistics, conduct research . . . An over-all wel-

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The Microscope shows: **Johnson's Baby Lotion**

**leaves discontinuous film**

Hospital tests indicate: **incidence of skin**

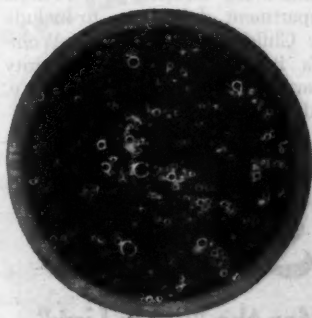
**irritations materially reduced**

**V**ERY NOTICEABLE in this photomicrograph (1000x) of Johnson's Baby Lotion, is the discontinuous film of micron-size oil globules.

Very noticeable, in routine hospital-nursery usage, is the effectiveness of this new white antiseptic lotion in lessening the incidence of infant skin irritations.

Johnson's Baby Lotion is a homogenized emulsion of specially compounded mineral oil and water, with lanolin. On the infant's skin, the water phase evaporates, leaving a *meshwork* of oil globules.

This not only permits normal heat radiation and allows perspiration to escape readily, but also guards the baby's skin from intimate contact with urine.



Clinical and field tests indicate that routine use of Johnson's Baby Lotion materially reduces the incidence of heat rash, urine irritation.

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Please send me, free of charge, 12 distribution samples of Johnson's Baby Lotion.

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Offer limited to medical profession

fare department is needed in Washington to issue regulations and to send social workers, educators, doctors, and recreation directors into every state.

Thus, organization, centralization, regulation—the familiar shibboleths of the socializers—are all in evidence.

The committee carefully avoids specifying the Government agencies that should be merged. Likewise, it never uses the term, "Welfare Department." It may be noted, however, that Eugene Meyer's Washington Post recently recommended the creation of a Federal Department of Welfare, to include the Children's Bureau, the Women's Bureau, the Social Security Board, the Public Health Service, and the Office of Education.

Students of government interviewed by this reporter consider the committee's proposal to be administratively unsound and politically dangerous. They assert that lumping health functions with those of a welfare nature would result in the subjugation of medical men to social service and labor groups.

The proposed scheme, they point out, would simply serve to give the Federal Security Administrator cabinet rank; and the chance of having a physician named to the post would probably be nil. All in all, it appears that the way would be eased for the Social Security Board to gain outright control of the Public Health Service, eventually achieving one of its aims: the socialization of medicine.

—MILTON A. DOW

## Support for the "Weak Link"

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As the "weak link" limits the strength of the entire chain, so it is possible that the continuity of the entire hypophyseal-ovarian cycle may be completely broken by the failure of the estrogenic function of the ovary.

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Literature and Sample on Request



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If she dug the film out of the cassette with her fingernail, she might scratch or soil the intensifying screen. Damage to the protective coating of the screen causes faulty radiographs.

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BETTER THINGS FOR BETTER LIVING... THROUGH CHEMISTRY

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## Circuit Trip by Specialist Aids Rural Physicians

*Clinic plan gives major roles to  
community man, hospital*



Almost every rural practitioner has faced the problem:

A patient with early cancer—or a suspected malignancy—is plainly in need of specialist services. The family doctor knows of a competent radiologist in a city a hundred miles away. But for one reason or another, perhaps financial, the patient is unable to take the trip. (Similar situations arise, of course, among patients with cardiac disorders, skin diseases, tuberculosis symptoms, or orthopedic impairments.)

One solution has been evolved and proved successful by Dr. Ogden D. Miller, a radiologist of Middleton, Ohio.\* Back in the early thirties, he made a survey trip through twenty-one rural counties, which convinced him that the stumbling block—distance—could be overcome by any specialist who would undertake to make regular monthly visits to strategically located hospitals in his area. "It is much easier," he reasoned, "to move one consultant to ten patients than to expect ten rural practitioners to argue ten different patients into making a long, expensive trip."

In the territory studied, the ra-

diologist found there were some 500 physicians with access to seven well-staffed and well-equipped hospitals. Scores of these doctors welcomed the proposal to inaugurate a series of monthly cancer clinics.

So, some fourteen years ago, Dr. Miller established his first cancer conference at Candlewood, Ohio. In due time, six similar conferences were established at other spots in the state—and none has ever been discontinued. By devoting one week a month to "circuit riding," the consultant is able to visit all seven towns, making his services available to scores of cancer sufferers who might otherwise go without specialist care. His regularly scheduled visits have had the added effect of making the local physicians, as well as the rural population, more cancer-conscious—greatly increasing the chances of early diagnosis and treatment. Dr. Miller supplies such things as the radium element, biopsy instruments, a clinical camera, and certain electroscopic equipment. As a result of his visits, several of the conference hospitals have installed X-ray therapy equipment and have added radiologists to their staffs.

In the belief that other specialists may be interested in developing this type of professional serv-

\*This article is factual; but out of respect for the physician's desire for complete anonymity, names are fictitious.

## Anecdotes

1 MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request.

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Literature and Sample on Request

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ice in rural areas, Dr. Miller lists the following "musts":

**Sponsorship.** A well-equipped hospital is usually the logical (but not the only) location for such conferences. A local group clinic—with staff, equipment, space, and enough clientele to warrant it—may be an even better sponsoring organization, Dr. Miller has found; for the spirit of cooperation, usually present in the successful group, makes it relatively simple to fuse a cancer conference with established activities.

Other possible sponsors: a county medical society or a private physician with an especially large practice. In either case, however, arrangements would probably have to be made with a hospital for the use of space and equipment.

**Facilities.** Equipment for X-ray examination and therapy must be available at conference headquarters. It is not essential that a pathologist be present locally, since specimens can be sent elsewhere for analysis. But a well-rounded staff of surgical and medical consultants is important. Generally, the better the staff and equipment, the greater the venture's chance of success.

**Clerical assistance.** So that the consultant may devote his entire attention to diagnosis and therapy, he should take along his own clerical assistant to attend to reception work, record-taking, financial arrangements, etc. Local hospital records will naturally be kept by the institution's own office staff.

**The consultant's obligation.** The radiologist launching a service of this kind must of course adhere rigidly to the code of ethics. He must cooperate religiously with local surgeons, work closely with his

IN THE TREATMENT OF THE  
COMMON COLD

The  
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"... it is desirable to use a shrinking solution to lessen swelling of the nasal mucous membrane and to keep sinus ostia open, without impairing ciliary activity"<sup>1</sup>

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Privine (Naphazoline) provides prolonged relief of congestion in acute rhinitis... not followed by secondary vasodilatation. 0.1% for adults; 0.05% for children; bottles of 1 oz.

1. Medical Clinics of North America, 1108, Sept. 1944.

<sup>\*</sup>Trade Mark Reg. U. S. Pat. Off.

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DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 129



(Smooth emulsion of mineral oil with Irish Moss)

- Accelerates normal bowel function
- Is effective in both atonic and spastic constipation
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**Kondremul Plain**—intended to be used over a period of time to aid in normal bowel action

**Kondremul with non-bitter Extract of Cascara®**—recommended for those cases where the action of Kondremul combined with the mild tonic action of Cascara is desired

**Kondremul with Phenolphthalein\*** (2.2 gra. phenolphthalein per tablespoonful)—for those obstinate cases where the laxative action of phenolphthalein is indicated

*\*Caution: Use only as directed.*

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**THE E. L. PATCH COMPANY**

BOSTON MASS.

fellow-specialists for improvement of roentgen-therapy techniques. He must do all in his power to make his special knowledge and equipment useful to every local G.P. who refers a patient to him. He must endeavor to contribute genuinely to the professional prestige of his local sponsor. And he must be in attendance faithfully at each conference each month.

As Dr. Miller points out, several radiologists covering contiguous areas might share the use of radium and portable equipment if the rural conference system were developed on a broad scale (then, of course, traveling schedules would have to be coordinated). He also notes that enough radium must be carried to provide for mouth, lip, and cervix cases; however, the element used in surface applicators in the morning becomes available for cavity cases in the afternoon.

It is interesting to note that one-third of the cases Dr. Miller sees require surgery; another third need radium therapy; the rest are advanced and hopeless cases—patients who are rarely asked to pay anything except a nominal charge for biopsy, X-ray plates, etc.

Development of the rural-conference idea might, Dr. Miller believes, do much to help private medicine ward off the threat of Federal control—for the lack of specialists in rural districts is one of the things most often criticized by social reformers. "Here," says the radiologist, "is a practical and simple method of distributing specialized services and, at the same time, of developing the personnel, equipment, and prestige of smaller hospitals and clinics."—NELSON ADAMS

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oral mucous membrane

## in Colds and Sore Throats



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## Planning to Build? Don't

*Material and labor shortages  
will continue for some time*

If you have been counting on building or buying a new home or office within a reasonable time after the end of the war, you may be in for a big disappointment and a long wait—perhaps as much as three years. For the main bottlenecks in construction—men and materials—show no sign of opening up. Skilled building workers are still at a premium and are likely to remain so for a long time. The prewar building contractors who either joined the services or went into industrial or military construction have not yet reconverted.

Even more serious is the shortage of materials of all kinds. The stringency in individual items may vary slightly from one locality to another, but all the vital elements of house construction are scarce: wood, bricks, insulating materials, lath, roofing materials, paint, and plumbing fixtures. Not only are shortages likely to continue but when they do begin to ease there will be a considerable lag before the effect is felt by the civilian consumer.

There is a strong tendency to ascribe material scarcities to OPA price policies and to labor troubles, but these factors are actually playing only minor roles. The basic causes are the tremendous demand that accumulated during the war and the virtual suspension of production of such civilian necessities since 1942.

It is estimated that the public will want a million new homes in 1946, another million in 1947; and that

## CUTTER D-P-T



### "Combined immunization against diphtheria, tetanus, and pertussis is safe, effective and easy"★

BUT — not all combined vaccines are alike! Cutter D-P-T, used in the series reported above, is unique in many ways.

Organisms for the Pertussis Vaccine used in "D-P-T" are grown on *human blood media*. Purified toxoids and extremely high pertussis count yield a vaccine so concentrated that *every cc. contains considerably more than a human dose* each of tetanus and diphtheria toxoids — plus 40 billion pertussis organisms in Phase I. Thus, your dosage schedule with "D-P-T" is only 0.5 cc., 1 cc., 1 cc.

Cutter D-P-T (Alhydrox) is aluminum hydroxide adsorbed, determined by Miller to be more potent than aluminum precipitated vaccines. Moreover, persistent nodules

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Again quoting Miller, "Lapin has emphasized the danger of producing sterile abscesses when pertussis vaccine is mixed with alum toxoids. We are not in a position to comment . . . as aluminum hydroxide is the adsorbent used by us. In our group of 172 children who received 2 injections, no abscesses were noted."\*\*

In time and embarrassment saved you, in pain saved your patients, you'll find Cutter D-P-T has much to offer.

★ Hamilton, P. M., and Knouf, E. G.; J. of Ped., 25:238; Sept. 1944. \*\* Miller, J. J., and Saito, T. M.; J. of Ped., 21:31-44; July, 1942.

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# A Simple TREATMENT for ALOPECIA AREATA

● It is based upon an application of the old principles of counter-irritation and massage. Most of the treatment is conducted by the patient at home and consists of the daily use of mild counter-irritants—solution "A" (Parker Herbex), which contains chloral hydrate, glycerine and the extracts of Colocynth, Capsicum, Mullein and Jaborandi, and Ointment "B" (Parker Herbex), containing Thymol, Salicylic Acid, Chrysarobin and Sulphur. Twice a week the physician should apply to the affected areas a potent counter-irritant, Exite (Parker Herbex) the active principle of which is (Synthetic) Oil of Mustard.

## DIRECTIONS FOR PHYSICIANS

Fill out prescription blank enabling your patient to obtain Solution "A" and Ointment "B" from a pharmacist; Give your patient an instruction sheet; Have your patient come to your office twice a week for a checkup. At this time apply Exite (Parker Herbex) to the denuded areas.

Available on Request. This informative booklet, entitled "HAIR HYGIENE" containing simplified directions for the care of the hair.



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the supply will equal scarcely half this demand. While there is some well-founded criticism of organized labor's wage-and-hour demands as a further limiting factor, both in fabrication and in on-the-lot construction, here again the root of the trouble is the diversion caused by three-and-a-half years of war.

With the backlog of demand for new housing so huge and its pressure so powerful, prices are rising steadily while quality is declining. Hence the thread of a double-barreled inflation. Many houses constructed during the next few years are likely to be jerry-built because of (1) lack of skilled labor and sound materials, and (2) a desire for swift profits by none-too-scrupulous speculators. One check on flimsy construction will be vigilance on the part of banks, building and loan associations, and other mortgagees.

Much the same situation exists in the field of remodeling. If you buy an older building, the odds are strong that you will have to pay substantially more than its true value—perhaps 30 to 50 per cent more—and then find yourself faced with the necessity for extensive repairs and remodeling. As in construction, you will be up against the same bogeys of shortages, high prices, and inferior quality.

Until reconversion is well under way throughout the whole economy—and that will take considerable time—these conditions will prevail. Prefabrication offers little hope of solving the problem; for production is governed by the fundamental factor of supplies—and there simply aren't enough to go around. Furthermore, prefabricated buildings won't satisfy many labor-dictated building codes. —B. G. FAHY



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| Riboflavin (vitamin B <sub>2</sub> , as soluble salt of riboflavin sodium—<br>sodium tetraborate)..... | 5 mg.  |
| Pyridoxine hydrochloride (vitamin B <sub>6</sub> ).....                                                | 5 mg.  |
| Calcium pantothenate.....                                                                              | 5 mg.  |
| Niacinamide (nicotinic acid amide).....                                                                | 50 mg. |

*Effective*

The addition of only 2 cc. of distilled water yields almost instantly a fresh solution of full potency. The therapeutic efficiency of synthetic vitamins has been firmly established by clinical experience. BETASYNPLEX "NIPHANOID" is of particular value for patients who vomit or fail to absorb oral doses because of other gastrointestinal disturbances.

Supplied in boxes of 3, 10 and 50 ampuls.

FOR ORAL USE: BETASYNPLEX TABLETS AND ELIXIR WITH OR WITHOUT IRON

## **BETASYNPLEX** "*Niphanoïd*"

TRADEMARK REG. U.S. PAT. OFF. & CANADA

WRITE FOR DETAILED LITERATURE





With children... "...the benzedrine inhaler can be satisfactorily employed for young children for the relief of obstructive symptoms in the nasopharynx due either to infection or to allergic edema. No untoward symptoms were noted from the use of the inhaler.

99 Volmer, E. S.: Use of the Benzedrine Inhaler for Children, Arch. Otolaryng.

**Benzedrine Inhaler** a better means of nasal medication

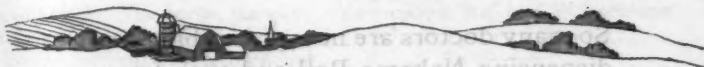


In a recent survey of pediatricians, 77% were found to use Benzedrine Inhaler, N.N.R., in their practice.

Children accept Benzedrine Inhaler therapy willingly, and show none of the hostility which so often complicates the administration of drops, tampons, or sprays. Each Benzedrine Inhaler is packed with racemic amphetamine, S.K.F., 200 mg.; menthol, 10 mg.; and aromatics. Smith, Kline & French Laboratories, Philadelphia, Pa.



I'm glad I have a  
rumble seat to take  
along my  
pure, mild Swan!



**Naturally, Doctor,** you know a baby's skin requires a specially pure, mild soap. We believe Swan is ideal.

Analyses show that this new, white floating soap is pure as fine 100% "olive oil" castiles.

And medically supervised experiments on hundreds of babies show that "no soap tested—whether castile or floating soap—is milder than Swan."

The fats and oils in Swan are all of top grade! No free alkali, no fatty acid, no coloring matter or strong perfume.

**All of which shows** that you can happily recommend Swan to any patient, young or old!

**Free!**

• A cake of pure Swan to every baby born in the U. S. in 1945!

Tell new mothers to get this gift by writing to Swan, Box 16, New York 8, New York.



*SWAN floating soap*

*is pure as fine Castiles*

MADE BY LEVER BROS. CO.,  
DANVERS, MASS.

DECEMBER 1945 . MEDICAL ECONOMICS . PAGE 137

*The hay fever season is over-but*

# Head Colds-Sinusitis Asthma (allergy) **RELIEF** begins in 10 minutes-too

**F**OUR TABLETS of Nakamo Bell, each tablet containing 1/24 gr. ephedrine hydrochloride, NaCl, NH<sub>4</sub>Cl, KCl, will provide relief usually beginning within ten minutes.

So many doctors are now prescribing and dispensing Nakamo Bell and such favorable reports are being obtained—that we want you to try it.

Check this tablet for yourself, and let results convince you.

**WANTED**—Tablet Salesmen to Doctors. Gentlemen over 50 wishing to add to income. Drug experience not necessary. Exclusive territory near home. Commissions paid weekly. Line of 20 preparations known to many doctors. Write Hollings-Smith Co., Orangeburg, N.Y.

## SEND FOR SAMPLE

HOLLINGS-SMITH CO.  
Orangeburg, N. Y.

ME-12-45

Sample Nakamo Bell, please.

Name ..... M.D.

Address .....

# The Newsvane

---

**V.A. RELICS.** Acting Surgeon General Paul Hawley of the Veterans Administration is irate at the rule that limits his choice of physicians to those on civil service lists. He complained recently that one list gave him his choice of a male physician aged 87 and a woman physician aged 76. General Hawley said the list also contained the names of doctors who at one time or another had been committed to institutions for insanity or alcoholism.

**GEORGE.** "The honor, the glory and the free advertising" of being a county medical society president are small compensation for what the job takes out of a man, says the Bulletin of the Kings County (N.Y.) Medical Society, pointing out that one of the society's presidents during his two years in office attended 303 society and committee meetings; 95 other medical meetings; 67 dinners; 13 luncheons; and 29 funeral services—all at his own expense.

**V.D. LAW.** Asserting that promiscuity is responsible for the greater part of venereal disease transmission, and that "the promiscuous patient is more likely to refuse examination or treatment than the person of regular sexual habits," the American Public Health Association is calling for state enactment of its model V.D. law,

which would compel infected persons to submit to treatment or be subjected to quarantine.

**EDITORS' POLL.** In reply to the question, "Do you favor a Federal system of medical care and hospitalization, insurance?" proposed to editors by the American Press, a trade monthly, 80 per cent replied "No" and 20 per cent "Yes." On the question, "Do you favor a program of Federal grants to the states for the construction of hospitals?", 61.7 per cent of the editors replied "No" and 38.3 per cent "Yes."

**RENT GOUGE.** In the District of Columbia, as in some other places, owners of apartments suitable for physicians' offices admit having added from \$25 to \$50 to the usual monthly rental in showing them to doctors (OPA regulations do not apply to quarters rented for professional purposes). One place listed with the D.C. medical society is offered to doctors at \$250 although it has been renting at \$150.

**QUADS.** Ninety-four sets of quadruplets, in a total of 56,391-612 births, were reported in the years 1914-1943, says the Census Bureau, which has recorded 6,375 sets of triplets in the same period. Chances of a quadruple birth are one in 599,921, adds the bureau;

I ain't feelin' so good, doctor...  
Can't keep a thing on my stummick  
except Cream of Wheat!



### *Quick Facts* about "Enriched 5 Minute" Cream of Wheat

1. Exclusive patented process guarantees full flavor and complete digestibility (no raw starch remaining) after only five minutes of boiling.
2. Provides 12 mg. of available Iron per ounce—at least the full daily minimum requirement for infants, children and adults. Also supplies extra Calcium, Phosphorus, Thiamine and Niacin.
3. It provides same granulation, same digestibility, same rich, satinsmooth flavor, same freedom from irritating bran particles that you get in "Regular" Cream of Wheat, 49 years a favorite.

**IT'S IDEAL FOR BLAND DIETS!**

"CREAM OF WHEAT" AND CHEF TRADEMARKS REG. U. S. PAT. OFF.



"... to add life to years rather  
years to life,"<sup>1</sup> that is  
"the basic motive for ... better  
nutrition for the aging."<sup>2</sup>



75  
70  
65  
60  
55  
50  
45

## FOR PATIENTS OVER 40

Good nutrition is essential to a healthy, vigorous and useful life.  
In the middle-aged and aged, faulty selection, digestion, absorp-  
tion and metabolism of foods may cause deficiencies in vitamins  
and minerals even from a diet that is supposedly adequate.

35  
30  
25  
20

### VI-SYNERAL SPECIAL GROUP

Specially Balanced Potency  
for Middle-Aged and Aged



#### Each vitamin capsule contains:

|                                             |                   |
|---------------------------------------------|-------------------|
| Vitamin A .....                             | 5000 U.S.P. Units |
| Thiamine (B <sub>1</sub> ) .....            | 3.5 Mg.           |
| Riboflavin (B <sub>2</sub> ) .....          | 3.5 Mg.           |
| Pyridoxine (B <sub>6</sub> ) .....          | 2 Mg.             |
| Calcium Pantothenate ....                   | 5 Mg.             |
| Niacinamide .....                           | 20 Mg.            |
| Ascorbic Acid (C) .....                     | 75 Mg.            |
| Vitamin D .....                             | 720 U.S.P. Units  |
| Alpha Tocopherol (E) .....                  | 4 Mg.             |
| Vitamin B Complex factors from 50 Mg. Yeast |                   |

The Vi-Syneral Mineral Capsule furnishes: Calcium,  
Phosphorus, Iron, Iodine, Copper, Magnesium,  
Zinc, Manganese.

#### Professional Samples and Literature

(1) Tushy, E. L.: Handbook  
of Nutrition, J.A.M.A., 1943,  
pp. 365-384. (2) Piersol,  
G. M., and Bortz, E.: Ann.  
Int. Med. 12:964, 1939.

Special Vi-Syneral potencies are also available for:  
INFANTS and CHILDREN • CHILDREN and ADOLESCENTS  
ADULTS • EXPECTANT and NURSING MOTHERS.

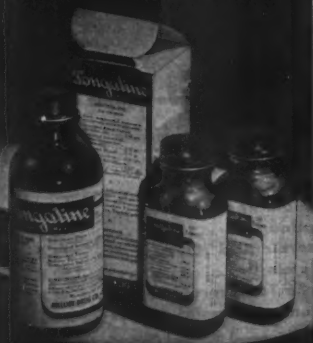
**S. VITAMIN CORPORATION • NEW YORK 17, N. Y.**

## In treatment of the RHEUMATIC SYNDROME

# Tongaline

### is reliable!

For over sixty years, TONGALINE has proved this reliability by its tendency to encourage joint motion and decrease localized swelling. It does not irritate the intestinal tract or stimulate peristaltic activity. Prepared in liquid and tablet form.



## MELLIER DRUG CO.

"Since 1883"

ST. LOUIS 1,

MISSOURI

of a triple birth, one in 8,840, twins, one in 89.

## APHA Fellow Raps Its National Health Plan

*Compulsory scheme seen flouting the rights of the individual*

Grimly the American Public Health Association presented to its members a scathing minority opinion in its "National Program for Medical Care." The author of the critique was Dr. W. G. Smillie, department of public health and preventive medicine, Cornell University medical College, and fellow of the association.

The national program envisioned medical care on a compulsory basis with the provision of all facilities and services for public health, preventive medicine, epidemiology, industrial hygiene, and child health. It would supply physician and hospital service in all types of disease.

Bluntly suggesting that the association had railroaded adoption of the report as part of its official policy, without giving the membership proper time to study its provisions and its implications, Dr. Smillie pointed out that it calls for a vast overpowering Federal bureaucracy foreign to democratic American ideals. In support of that contention, he cited some of the program's principles:

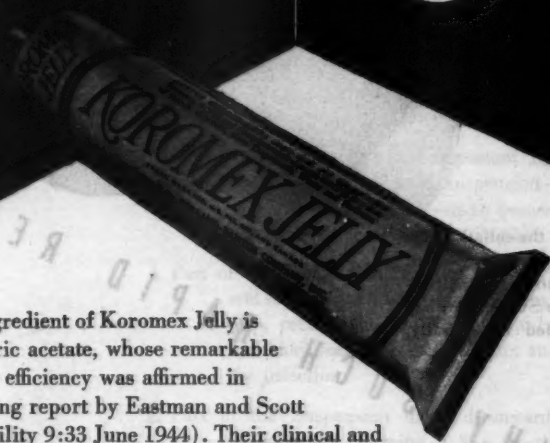
"A single responsible agency is a fundamental requisite to effective administration at all levels: Federal, state, and local."

"The services should be financed on a nation-wide basis."

"Adequate support for the plan will be secured through social in-

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45

for contraceptive  
effectiveness...  
prescribe Koromex Jelly  
with confidence...



The active ingredient of Koromex Jelly is  
benzylmercuric acetate, whose remarkable  
contraceptive efficiency was affirmed in  
the illuminating report by Eastman and Scott  
(Human Fertility 9:33 June 1944). Their clinical and  
experimental data confirmed the earlier findings  
of Baker, Ranson and Tynen (Lancet 2:882  
October 15, 1938). In addition to its excellent spermicidal  
efficacy, Koromex Jelly possesses to a high degree those  
other qualities which are physiologically and  
aesthetically so important to patients... For these reasons you  
can prescribe Koromex Jelly with confidence.



Write for  
literature.

Holland-Rantos Co., Inc.  
551 Fifth Avenue, New York 17, N. Y.



Illustrated is the sulfathiazole-frosted pharynx of patient A.K., two hours after Paredrine-Sulfathiazole Suspension had been instilled intranasally.

WHY SUCH RAPID RELIEF

TO OBTAIN BEST RESULTS...the sore throat patient should not eat or drink fluids for one or two hours after instillation of Paredrine-Sulfathiazole Suspension. He should also make every effort to reduce nose-blowing and throat-clearing to a minimum.

Smith, Kline & French Laboratories, Philadelphia, Pa.

# IN SORE THROAT?

Sulfathiazole is particularly effective against the hemolytic streptococcus, which apparently causes the vast majority of sore throats.

There are two other important reasons why Paredrine-Sulfathiazole Suspension—when administered intranasally—is so successful in the treatment of acute nasopharyngitis:

- 1 Part of the Suspension remains beneath the middle and superior turbinates—and, mixing with sinus drip, retards the proliferation of bacteria before they reach the nasopharynx and intensify the infection.
- 2 Part of the Suspension drifts downward over the nasopharynx, forming a fine frosting on the nasopharyngeal mucosa. This thin blanket not only keeps producing a bacteriostatic solution at the site of infection, but also appears to provide marked surface analgesia.

## PAREDRIINE-SULFATHIAZOLE SUSPENSION

vasoconstriction in minutes  
bacteriostasis for hours

surance, supplemented by general taxation, or by general taxation alone."

Commented Dr. Smillie: "If administration of services is the function of a single responsible agency, then local communities can have no autonomy, no outlet for initiative, no chance for expression of local opinion as to local needs, no opportunity to formulate local policies . . . A captious critic might suggest that we, as public health administrators, may be accused of self-interest, bias, and partisanship, since it is claimed throughout the report that we are obviously the only suitable persons to be chosen to organize and administer this program.

"It would have been far more appropriate to utilize the genius of the American people for local self-government, to develop a program

slowly and progressively on a community basis, building on the sound foundation of local community autonomy, with state guidance and assistance when necessary, and with Federal subsidy to those communities in greatest need."

**SWEDISH PLANS.** More than 1,900,000 Swedes out of a population of 7,000,000 subscribe to sickness insurance plans of some 1,600 local societies, Stockholm reports. Membership has doubled since 1935.

**DRUG PRICES.** With the cost of living up 31 per cent, essential drugs and medicines are selling at, or below, pre-war levels, says Dr. E. L. Newcomb, executive vice president of the National Wholesale Druggists' Association. Exam-



HAMILTON Steeltone incorporates patented time-saving features . . . conveniences built right into this heavy gauge steel furniture with the trim beauty of its design. The glistening white Dulux finish doesn't stain or chip, and special drawer construction eliminates noise and rattle.

## HAMILTON MANUFACTURING COMPANY

Send full details on Steeltone furniture.



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## *In the Discomfort of*

### **COLDS AND INFLUENZA**

As distressing as the local symptoms are the muscle and joint pains of acute respiratory infections and influenza. For these patients, Baume Bengue is especially beneficial. Its contained menthol and methyl salicylate produce a warming local hyperemia which relaxes spastic muscles and loosens stiffened, painful joints. Percutaneously absorbed methyl salicylate affords a well-defined analgesic influence which further allays the generalized discomfort and malaise. Patients demand local therapy for local discomfort; Baume Bengue is a scientific and effective preparation to satisfy this demand.

*Baume Bengue'*  
**ANALGÉSIQUE**

THOS. LEEMING & CO., INC., 155 EAST 44TH STREET, NEW YORK 17, N. Y.

DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 147

# Consider

## THE VALUE OF ULTRAVIOLET

when treating

# PSORIASIS



### HANOVIA ALPINE LUXOR MODEL Ultraviolet Quartz Lamp

One eminent medical authority writes: "In spite of the cynic who stated that any new method will cure psoriasis—at first, there is no doubt that the mercury vapor lamp has proved itself a most astonishing success . . . Long standing cases require more treatments than those of recent origin, but I have yet to meet with a case that is not greatly benefited by the treatment."



Complete details and clinical records will be sent promptly on request.

**HANOVIA**  
CHEMICAL & MFG. COMPANY  
NEWARK 5, N.J.

DEPT. ME-2

World's largest manufacturers of ultraviolet equipment for the Medical Profession.

ples: vitamins, down 15 to 20 per cent; sulfas, down 33 1/3 to 90 per cent; penicillin, reduced from \$20 to \$2 per 100,000 Oxford units.

## 'Baby Brokerage' Laws Held Menace to M.D.'s

*Vagueness said to jeopardize  
M.D. who merely advises*

If a physician can be brought to trial in the District of Columbia on charges of having violated the district's new "baby brokerage" law—as one recently was—merely because he introduced prospective foster-parents to a mother, then the law is a menace and needs official clarification.

This is the conclusion of the Medical Annals of the District of Columbia, which warns physicians to be careful meanwhile that they do not become involved in a violation of the law, which stipulates that before a person can "assist" in placing a child under 16 for adoption, he or she must be licensed as a child-placing agency. The prosecuting attorney for the district has taken the position that merely introducing the principals to each other constitutes such "assistance."

**ILGWU CLINIC.** With an in-patient attendance of about 125,000 persons in 1944 and a quarter million in 1945, the Union Health Center of the International Ladies Garment Workers' Union will greatly expand the facilities of its twenty-one clinics in the twenty-six-story commercial building it recently purchased in New York. At the time of the purchase the health center (founded in 1913) occupied

THE

# Logical Choice

IN HEMORRHOIDAL  
THERAPY....



## STOPS HEMORRHOIDAL PAINS

... WITHIN 5 MINUTES

FOR the relief of the inflammatory rectal conditions, RECTAL MEDICONE meets these objectives:

1. ANESTHESIA OF THE EXPOSED NERVES
2. HEMOSTASIS OF BLEEDING VEINS
3. DECONGESTION OF THE VARICOSITIES

Many thousands of physicians during the past ten years have employed RECTAL MEDICONE to relieve pain, control bleeding and reduce congestion in rectal conditions where surgery is not indicated, also in pre-surgical and post-operative treatment.

At all prescription pharmacies \$1.25 per box  
MEDICONE COMPANY, 225 VARICK STREET, NEW YORK 14, N.Y.

# RECTAL MEDICONE

the structure's top two stories.

**MEDICAL CENTER.** Ground will probably be broken within a year for the vast New York University-Bellevue Medical Center, a \$27,500,000 project involving the construction of six major building units for the New York University School of Medicine and the replacement of all but three of Bellevue Hospital's eighteen existing buildings. Among the center's features:

¶ A fourteen-floor university hospital—a slender structure resting on a five-story medical school—with a capacity of 480 beds. (Hospital rooms, with the exception of a few four-bed wards, will all be single, but designed, for the most part, for patients of moderate income.)

¶ An institute of forensic medi-

cine, described as the first of its kind in the world. (This, in the words of Dr. Harry Woodburn Chase, university Chancellor, "will play a leading part in the exploration of medicolegal problems in America." Among its aims will be the development of a "new type of medical examiner" to replace the contemporary coroner.)

¶ A university clinic designed to meet the needs of middle-income patients, subscribers to various prepayment plans, and others who are not eligible for Bellevue's indigent care.

The center, to rise on Manhattan's east side, will also involve the construction of a new Bellevue Hospital with a capacity of from 3,200 to 3,400 beds. In all, New York University will contribute \$15,000,000 (to be raised in a public



Sterile ampule production by the H. W. & D. system assures the physician and druggist of the most modern and carefully controlled methods.

The plan of operation and much of the equipment were designed by the H. W. & D. staff to provide aseptic technique through all stages from the preparation of solutions to the final sealing of ampules.

Chemical and biological controls and inspections throughout the process insure product uniformity and sterility.

The physician has assurance in using such H. W. & D. ampule products as Lutein, Phenolsulfonphthalein, Bromsulphalein, Indigo Carmine and Bromsalizol.

Complete list on request.



HYNSON, WESTCOTT & DUNNING, INC.

Baltimore 3, Maryland

**PATIENTS APPRECIATE MAZON'S**

# *Cleanliness and Convenience*

**IN THE  
TREATMENT OF  
SKIN IRRITATIONS**

There is no messiness associated with the use of Mazon, because Mazon is non-greasy and non-staining. These features, plus Mazon's ease of application will be appreciated by fastidious patients, especially.

The simple Mazon treatment requires only the cleansing of the affected area with Mazon Soap, followed by application of Mazon Ointment. No bandaging is necessary.

Clinical experience shows that Mazon brings rapid improvement in skin disorders and often obtains satisfactory response in obstinate conditions of long duration.

Mazon's rapid action coupled with its cleanliness and convenience make Mazon a preferred treatment in the field of dermal therapy. Try Mazon on your next skin case.

## **MAZON**

Indications include Eczema, Psoriasis, Alopecia, Ringworm, Dandruff, Athlete's Foot and other skin irritations not caused by or associated with systemic or metabolic disease. Mazon is anti-pruritic, anti-septic, anti-parasitic. It is easy to apply and requires no bandaging.

**ELMONT LABORATORIES CO., PHILADELPHIA, PA.**



## Which Ritter ENT Unit Fits Your Practice?

Perhaps you want your instruments and medications on your left and the surgical cuspidor at the right near the patient as illustrated above. Or you prefer just the opposite arrangement, shown in photograph B. Most users of Ritter ENT Units prefer the complete Unit—with swinging cuspidor. This model is also made for positioning at the right (C) or left (D) of the chair.

Whichever model you select, you'll find new operating ease with the Unit's fine precision instruments. Give your skill the advantage of the modern equipment it deserves, now. *Ritter Co., Inc., Ritter Park, Rochester 3, N. Y.*



FOR ADVANCED EQUIPMENT  
LOOK TO

# Ritter



# Dependable Nourishment

DURING THAT

*all-important*

FIRST YEAR OF LIFE



The well nourished baby is more resistant to the common ills of infancy. Moreover it is during that all-important first year of life that the very foundation of *future* health and ruggedness is laid. Similac-fed infants are notably well nourished; for Similac provides breast milk proportions of fat, protein, carbohydrate and minerals, in forms that are physically and metabolically suited to the infant's requirements. Similac dependably nourishes the bottle fed infant — *from birth until weaning.*



A powdered, modified milk product especially prepared for infant feeding, made from tuberculin tested cow's milk (casein modified) from which part of the butter fat is removed and to which has been added lactose, olive oil, cocoanut oil, corn oil and fish liver oil concentrate.

## SIMILAC

SIMILAR TO  
HUMAN MILK

M&R DIETETIC LABORATORIES, INC. • COLUMBUS 16, OHIO

## DRAMATIC RESULTS IN *IMPETIGO*



Impetigo may be either streptococci or staphylococci in etiology.

Dramatic results have been obtained in this common infectious condition with

## *SULFA-CEEPRYN*

BRAND

Sulfathiazole, Sulfanilamide and Cetylpyridinium Chloride

## *CREAM*

because both 10% sulfathiazole and 10% sulfanilamide are combined to give antistaphylococci and antistreptococci actions, reinforced by the penetrating detergent-germicide, Ceepryn (1:500).

Sulfa-Ceepryn Cream is available at prescription pharmacies in one-ounce tubes and one-pound jars. Write for complete literature and sample.

T. M. "Sulfa-Ceepryn" and "Ceepryn" Reg. U. S. Pat. Off.

**MERRELL**

THE W. E. MERRELL COMPANY

CINCINNATI, U.S.A.

drive) to the project; the City of New York, \$12,500,000.

## Blue Cross Won't Seek Federal Assistance

*Bars suggestion that U.S. pay  
for 'marginal indigents'*

A proposal made to the October conference of hospital plans in New York that the Blue Cross ask the Government to pay subscription fees for "marginal indigent" groups brought about a storm of opposition before it was rejected. In its place was substituted a resolution recommending to the plans' committee on government relations "that if the Federal Government decides to use Federal funds for the payment of hospital service (for those unable to pay for such services) that the committee express the willingness of the Blue Cross to participate with the authorities in working out practical methods of cooperation."

Opposing the original resolution, John A. McNamara, Cleveland Hospital Service Association, declared there is no way of defining "marginal indigent groups." He pointed out that Mayor F. H. LaGuardia had said, several years ago, that "All families with \$50 a week income or less should have free health care." Commented Mr. McNamara: "He could now raise it to \$75 a week. If 'marginal' is to include all 'worthy cases,' the politicians could put all their friends and constituents into that category. The Wagner-Murray-Dingell bill is our own natural enemy and I object to any compromise with it."

Recalling that the Federal Security Administration has been paying



## Those we Love

Their bright young faces . . . sons, daughters, grandchildren . . . smiling at him from his desk, are treasured in his heart. His own success is more important because it makes their pathway fair and wide.

To that end the doctor devotes his best efforts . . . demands the best professional equipment that science and industry can provide.

The Bircher-Built Challenger Short Wave Diathermy combines plentiful power, simplicity and ease of operation, staunch durability and pleasing dignity of appearance. It's a superior unit at a reasonable price.



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ABOUT DIATHERMY"

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**7 Reasons**  
**WHY PHYSICIANS ARE**  
**PRESCRIBING PROBABLY MORE**  
**HYDROPHEN® THAN ANY OTHER**  
**ETHICAL PREPARATION FOR—**

# RINGWORM AND "ATHLETE'S FOOT"

*because*  
**Hydrophen Ointment:**

- 1** Is a non-keratolytic fungibactericide.\*
- 2** Penetrates directly to the infection.
- 3** Relieves itching quickly.
- 4** Causes no pain.
- 5** Is non-staining.
- 6** Requires no bandaging.
- 7** Assures patient's comfort and cooperation.

\*An alkaline Orthophenyphenolmercuric nitrate ointment

Write on your  
 letterhead for  
 free samples



**HYDROPHEN**  
**OINTMENT**

H. C. GOODWIN'S LABORATORY, Inc.  
 90 PRINCE ST., NEW YORK 12, N. Y.

part of the Blue Cross fee for farmers, N. Haskins Coleman Jr. said that in his opinion it would be better for the Government to go whole hog and subsidize the ward beds in hospitals. A subsequent reduction in hospital costs, he believed, would bring Blue Cross protection within the range of more people.

Here, again, the conference objected to asking the Government to step in.

**PART-TIME SNARL.** Washington, D.C., physicians who work on a half-time basis for the district health department found a month ago that they were affected by a new ruling establishing the official full working week as forty hours instead of thirty-five: (1) They had to work 2½ hours extra each week for the same old pay; and (2) they couldn't collect their checks anyway.

The latter contretemps had been brought about by an auditor who froze payrolls because he could find "no similarity between hours listed on the department records and hours actually worked." Bureau heads, it appeared, had let physicians work for the former 17½-hour period while recording them as having worked twenty. Dr. Joseph Murphy, chief of school medical inspection, said: "The doctors do not receive very high pay anyway, and an added half hour's work each day is bad for morale." But rather than hold up their checks any further, bureau chiefs agreed to hold their physicians to the twenty-hour schedule in the future.

**NIGHT CALLS.** Night calls are part of a doctor's job, comments the Rocky Mountain Medical Jour-



## MEDICATION THAT "SEEKS OUT" TRICHOMONADS

The effectiveness of any antiseptic against *Trichomonas* is determined by its ability to *reach* the parasites. When any number of these protozoa remain untouched in the deep vaginal folds, treatment is prolonged and the possibility of a recurring discharge is high.



derive their effectiveness against pathogenic vaginal flora from the non-mercurial quaternary ammonium salt germicide—Ceepryn. In addition to its potent antiseptic action, Ceepryn has a high degree of detergency, enabling it to penetrate the deepest and most minute vaginal rugae, where the parasites lie safe from ordinary destructive agents.

Because of this "wetting" effect, the Suppositories dissolve into an emulsion-like film that brings the medication into intimate contact with all affected areas and makes leakage extremely rare. They are nonstaining, clean to handle and easy to apply.

Ceepryn Vaginal Suppositories are available in boxes of 12, individually cartoned.

### Complete Treatment Harmony in Obstetrics and Gynecology

*These additional Ceepryn preparations are designed for office use*

**CEEPRYN VAGINAL POWDER**, Sterilized  
—Ceepryn 0.5% in powder base of boric acid, kaolin and lactose. 10-Gm. vials (fitting standard insufflators) and 8-oz. bottles.



**CEEPRYN AQUEOUS SOLUTION 1:1000**  
—Isotonic, germicidal and detergent, for lavage and wet dressing. Nonirritating. Pints and gallons.



**CEEPRYN JELLY 1:1000**—Ceepryn 0.1% in water-soluble jelly. Soothing antiseptic dressing and lubricant. 1-oz. tubes.

Trademark "Ceepryn"

Reg. U. S. Pat. Off.

**MERRELL**

nal, and the physician who refuses to accept them is unfair not only to his patient but to other physicians. "Among the attractive elements in a doctor's life is certainly not to be listed the jangle of the telephone which awakens him after midnight. At the end of a herculean day's efforts, often comprising heavy operative problems all morning, followed by a seemingly never-ending sequence of patients to stretch office hours into late evening, the doctor often tumbles into bed in a stupor of fatigue.

"The physician is surely as deserving of his eight hours of sleep as anyone, but nevertheless the vast majority have always responded with good grace to every reasonable summons regardless of time or weather. No other outlook is consistent with our traditions.

"An ingenious but highly reprehensible device to sidestep the admittedly burdensome night call has recently been reported from several sources. The doctor simply expresses his regret at not being able to respond because, 'I do not take night calls.' This is said with an assurance which appears to impress the patient as logical and final to the point of admitting no further discussion—as though one called his favorite department store to ask about evening shopping and received the reply, 'Sorry, but we close Saturdays at 6 P.M.'

"One might well expect the patient who is thus quietly rebuffed to feel resentment, particularly if the doctor-patient relationship has already been established by previous treatment at hospital, office, or home. On the contrary, the pa-



## doctor . . . here's a smart . . . new grate for your office or home

A Cape Cod idea . . . a topless stove as fireplace grate. The HEAT-O-GRILL is durable cast-iron with large bowl to throw heat out; a draft control door and slide for easy heat-regulation; easy dump grate; enclosed ash pit, 24"x12"x9 1/4", fits any fireplace. Burns wood, coal, briquettes, charcoal. Use in any room.

**fine for cooking outdoors, camping, hunting**  
HEAT-O-GRILL comes complete with folding grill and spit—fine for cooking out-of-doors or indoors. Give yourself a gift, for your camp, hunting, fishing parties. Portable, fits in back of cars. \$22.50 complete, express collect; satisfaction guaranteed.



**S. M. HOWES, Inc., 74 Canal St., Boston, Mass.**

PAGE 158 . MEDICAL ECONOMICS . DECEMBER 1945

# Compare THESE 2 ELASTIC BANDAGES



**ACE NO. 1**

**ALL-COTTON . . . WITHOUT RUBBER**

Should be compared *only* with all-cotton elastic bandages.

This original Ace is the standard all-cotton elastic bandage and has proven its therapeutic value in many thousands of cases of varicose veins and ulcers, strains, sprains, and injuries.

Made from long-fibered Egyptian cotton with properly twisted warp and weave, it has an adequate quantity of cross threads to provide substantial body. These specifications assure moderate, uniform stretch over the full width of the bandage. Cool and comfortable to wear due to its porous weave. Washing restores elasticity.

**B-D PRODUCTS**  
*Made for the Profession*



**ACE NO. 8**

**SKIN-TONE . . . WITH LASTEX\***

Should be compared *only* with rubber reinforced elastic bandages.

Preferred where motion of the part wrapped may cause slipping or loosening of the bandage.

Ace No. 8 assures constant elasticity because it is reinforced with "Lastex"\* yarn. It has been designed to remain elastic and useful — comparatively unaffected by dealer storage, perspiration, oils, grease and solvents that may shorten the life and reduce the therapeutic value of rubber reinforced bandages. A woven "brake" controls the stretch, adding to the stability and life of the bandage.

\*Reg. U. S. Pat. Off.

**BECTON, DICKINSON & Co., RUTHERFORD, N. J.**

DECEMBER 1945 • MEDICAL ECONOMICS • PAGE 159

# NICOTINE CONTENT

## Scientifically Reduced to LESS than 1%



**SANO** cigarettes are a safe way and a sure way to reduce your patient's nicotine intake. Sano provide that substantial reduction in nicotine usually necessary to procure definite physiological improvement. With Sano there is no question about the amount of nicotine elimination. With Sano you encounter none of these variable factors involved in methods which merely attempt to extract nicotine from

tobacco smoke. With Sano, the nicotine is actually removed from the tobacco itself. Sano guarantees always less than 1% nicotine content. Yet Sano are a delightful and satisfying smoke.

**FREE PROFESSIONAL SAMPLES**

**WARNING**  
Chemical analyses show that places of action used in cigarette mouth-pieces are entirely ineffective in removing any appreciable amount of nicotine from cigarette smoke.

**For Physicians Only**

**HEALTH CIGAR CO. INC.**

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PLEASE SEND ME SAMPLES OF SANO CIGARETTES.

☐ Check here if you also wish samples of pipe tobacco.

NAME \_\_\_\_\_ M.D.

ADDRESS \_\_\_\_\_

tient's reaction appears often to be one of profound respect. It is concluded that Dr. X cannot be other than a great leader in his profession, too dignified and important for the hurly-burly of night work a man who must not risk by undue fatigue even an iota of his precious mental acumen for the morrow.

"The patient thereupon takes up her phone book, rings Dr. Z and requests him to come at once. Dr. Z naturally inquires about previous medical care. He receives the reply that 'Dr. X prescribed for me yesterday at his office, but he cannot come tonight because, as you probably know, he does not make night calls.'

The poor patient then is shocked and mystified when Dr. Z makes such a testy and sarcastic comment as easily comes to the lips of a harassed and very tired man. Perhaps he slams the receiver to close the conversation. In thinking it over, the patient may still feel curiously, no resentment toward Dr. X, but she is sure to reach a white-heat of indignation in her sense of having been insulted and outraged by the cold-hearted Dr. Z.

"Calm analysis of this situation vindicates Dr. Z, who properly represents the implications. It is Dr. Z

## WANTED

We want new and unusual items which will help promote efficiency in the operation of physician's office routine. We will be glad to develop and finance any ideas.

**PROFESSIONAL SALES CO.**

15 East 22nd Street  
New York 10, New York

## to alleviate prolonged postpartum depression

A dreary case of  
fatigue, emptiness and  
prostration sometimes  
afflicts the postpartum  
patient and may  
prolong the period  
of recovery.

When the characteristic  
symptoms of true  
depression follow  
childbirth, the  
administration of  
Benzedrine Sulfate is  
often of dramatic  
value. Obviously, it  
should not be used for  
the casual case of  
low spirits or normal  
physiological depression  
as distinguished from  
a true and prolonged  
mental depression.

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Laboratories,  
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**benzedrine sulfate**

(amphetamine sulfate, S.S.P.)

tablets and elixir

**Actually miscible in hot  
or cold liquids in all  
proportions**

## ANGIER'S EMULSION

The infinitesimal dispersion of gum acacia, glycerine, sodium benzoate, hypophosphites and high viscosity mineral oil offers an outstanding example of how thoroughly the component fractions are emulsified for optimal results. Freedom from alcohol or habit-forming drugs plus a pleasant, soothing effect on the gastro intestinal areas suggests its value in convalescent cases. Its highly miscible character evidences an ideal vehicle for use with a preferred tonic and with vitamin B<sub>1</sub>.

★ Leading pharmacies everywhere  
can fill your prescriptions promptly ★

**ANGIER CHEMICAL CO.**  
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**It's portable...it's versatile**



### **for Precision Controlled SUCTION • PRESSURE • ANESTHESIA**

Regarded by many as the ideal all-purpose pump for precision-controlled suction, pressure and ether administration, the Gomco Model "710" embodies all Gomco safety and convenience features...standard suction and ether bottles recessed into the base...regulating valves with gauges to maintain desired suction (up to 26" of mercury) or pressure (to 30 lbs.)...the Gomco Safety Overflow Valve guarding the pump from overflow damage. These and other features, recommend the "710" for general service. Details on request.

**GOMCO SURGICAL MANUFACTURING CORP.**  
73 Ellicott Street Buffalo 3, New York

**GOMCO**

SUCTION AND  
ETHER EQUIPMENT

who has flouted the patient. In taking the case and treating her at his office, he assumes a responsibility which does not end when the sun goes down. For two doctors to treat the same patient independently, one by day and the other by night, would be chaotic and absurd. The idea is absolutely without sanction in medical ethics or based in common sense. If Dr. Z permitted the burden of the night call to be shifted to his back in such an airy and irresponsible manner, he could scarcely fail to humiliate himself. On the following day the patient would return to the care of Dr. X, and then proceed to tell her friends that Dr. Z is no great shakes as a doctor, but may be handy when better men are not available.

"In essence, the simple statement of a physician that he does not 'take night calls' is an insult to his colleagues as well as a breach of his duty to the public. If necessary, medical societies should suppress this practice, even though it may require disciplinary action in certain cases.

"All this is not to imply that a doctor has no right to make a specific advance arrangement with a younger, healthier, or less busy colleague to handle emergency or night calls. There is no offense against ethics or good taste, for example, when an older doctor, especially if impaired in health, enters into an understanding which permits him to transfer the night call to a younger physician. In this case, the doctor should explain the situation to the patient and give assurance that a visit will be made. He should then, whenever possible, take the initiative of telephoning the second physician to apprise him of the



Your treatment of psoriasis gains in speed and power when you "switch" RIASOL because

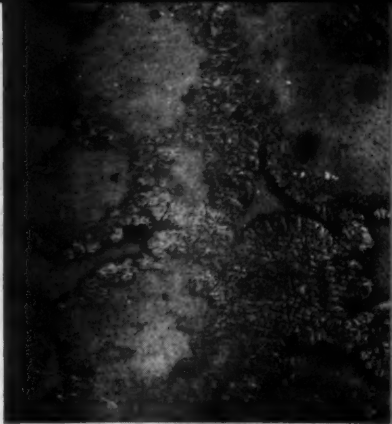
RIASOL's low surface tension rapidly penetrates overlying scales to reach affected areas more quickly.

RIASOL then helps clear the scales, often succeeding in stubborn cases.

RIASOL contains 0.45% mercury chemically combined with soaps, 1% phenol and 0.75% cresol in a washable, non-staining, odorless vehicle.

Apply RIASOL daily after a mild soap bath and thorough drying. A thin, invisible, economical film suffices. No bandages needed. After one week, adjust to the patient's progress. RIASOL may be applied to any area, including face and scalp.

RIASOL is not publicly advertised. Supplied in 4 and 8 fl. oz. bottles, at pharmacies or direct.



*Psoriasis Circinata Before RIASOL*



*Psoriasis Circinata After RIASOL*



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Please send me professional literature and generous clinical package of RIASOL.

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City.....Zone.....State.....  
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**RIASOL FOR PSORIASIS**

call. In no other way can a doctor decline to make a night call without laying himself open to a legitimate charge of dereliction of professional duty."

**GROUP PRACTICE.** If for no other reason than that the average patient won't have it otherwise, "the general practitioner will continue to be the prime factor in medical care," the New York County Medical Society observes. "And for the sake of the patient, any plan of group practice must have as its first objective assistance to the general practitioner in providing the best of care that modern medical science can offer him."

The society believes the reason is obvious: Any attempt to establish the traditional relationship between the patient and a number of physi-

cians leaves the former dissatisfied and confused. "The contact of the patient with the specialist, especially in a difficult problem involving diagnosis, is usually a temporary contact for a special purpose. The patient cannot look to a single specialist, much less to a group of specialists, for that assumption of final responsibility for him and his fate which alone can give him a sense of confidence and security."

Thus, the society concludes, it will remain the G.P.'s responsibility to guide the patient to the specialists he needs, to interpret their findings in terms of his general welfare, and to decide what shall and shall not be done to carry out their recommendations. "In any event," it warns, "group practice must not be organized to take patients away from general practitioners or to iso-

## AN IMPORTANT *Therapeutic Team* IN RESPIRATORY AFFECTIONS

The effectiveness of HYODIN (formerly Gardner's Syrup of Hydriodic Acid) in stimulating bronchopulmonary membranes to effect secretion and liquefaction of mucus has made it an iodine preparation of choice to provide systemic relief in: Influenza, bronchial dyspnea, chronic bronchitis, common cold, grippe, unresolved pneumonia and pleurisy. HYODIN is a colorless... most palatable... well-tolerated... less toxic... and highly stable iodine preparation for use whenever internal iodine medication is indicated. Each 100 cc. contains 1.3-1.5 Gm. hydrogen iodide (resublimed iodine value averages .85 gr. in each 4 cc.). Dosage: 1 to 3 tsp. in 1/2 glass water 1/2 hr. before meals. Available: In 4 and 8 oz. bottles.

**GARDNER'S**

**HYODIN**  
*for Systemic Relief*

**GARDNER'S**  
**SYRUP AMMONIUM**  
**HYPOPHOSPHITE**  
*for Local Relief*

— an efficacious demulcent expectorant often employed as an adjunct to HYODIN. Its efficiency in soothing local inflammation, and diminishing the cough by making it more productive and less fatiguing — without the use of opiates or sedatives — qualifies it as an ideal preparation for local treatment of many conditions in which HYODIN is indicated. Each 30 cc. contains 1.05 Gm. of ammonium hypophosphite (2 gr. in 4 cc.). Dosage: 1 to 2 tsp. p.r.n. Available: In 4 and 8 oz. bottles.

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MAKERS OF SYRUP OF HYDRIODIC ACID SINCE 1870

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## THE BURTON FRESNEL 3 in 1 Medical Light

NOW INCORPORATING THE HIGH  
QUALITIES AND STANDARDS OF  
PEACETIME PRODUCTION

Never before a light like this! Never before advantages like these offered physicians by the versatile BURTON Fresnel Medical Light.

- Lowest-priced all-purpose light on the market.
- 3 great lights in 1—triple illumination for diagnostic, operative and examination work.
- Over 1000 foot-candles of heat-free, color-corrected true 'white' light for your office.
- Easy finger-tip control to adjust angles, vary light fields or light intensity.
- Beautiful bakelite construction; impressive modern design.
- Standard 100-wt. bulb; no transformers or rheostats required; operates from any 110-volt line.

The BURTON Fresnel 3 in 1 Medical Light is available now through your dealer.

Write today for full information.

### AVAILABLE IN 3 MODELS

**No. 1201A—Floorstand Model**  
Adjustable, 41½ to 64½ in. Black crackle finish, polish trim. Balanced base. Lighting head tips to any angle. Price, Complete \$16.95

**No. 1202A—Wall Model**  
(Not illustrated) Attractive telescoping bracket extends to 25½ in. Takes little space when not in use. Price, Complete. .... \$16.95

**No. 1201A-S—("Shortie") Floorstand Model**  
(Not illustrated) Same as No. 1201A Floorstand Model excepting height. Adjustable from 39½ to 52 in. Price, Complete. .... \$16.95

### No. 1200A—Desk Model & Microscope Lamp

Dark and bright field; monocular or binocular. Lighting head detachable for easy mounting on floor stand. Filters available. Price, Complete. .... \$11.95

**No. 1204A—Goose-neck Model**  
12 in. of heavy-duty black-crackle, flexible "goose-neck." Adjustable from 42½ to 64 in. Price, Complete. .... \$18.95

FOR DIFFUSED LIGHT

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3855 N. Lincoln Avenue, Chicago 13, Ill.

## Suggested in Gastric Atony with Dyspepsia

The gentian content of Angostura Bitters (Elix. Ang. Amari Sgt.) combined with its palatability make it one of the most efficacious bitter tonics in stimulating digestive secretions, promoting better appetite, and assimilation of foods. Flatulence and discomfort are frequently markedly reduced.

**ANGOSTURA**  
Dr. Sigmund  
**BITTERS**  
A TONIC APPETIZER  
"GOOD FOR THE STOMACH"

ANGOSTURA-WUPPERMANN CORP.  
304 East 45th St., New York 17, N. Y.



Myopone (Drugprod) (vitamin E—wheat germ oil). Not a counterirritant. Relieves soreness; eases pain and tension; reduces swelling; eliminates stiffness. At all ethical pharmacies—in 1 oz. and 16 oz. jars. Send for sample and literature.

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19 West 44th Street New York 18, N. Y.

**MYOPONE**  
(DRUGPROD)

PAGE 166 • MEDICAL ECONOMICS • DECEMBER 1945

late general practitioners from their specialist colleagues."

## U.S. May Hire the Blue Cross to Serve Vets

*Use of private hospitals seen cutting V.A. construction*

General Omar N. Bradley, Administrator of Veterans' Affairs, has asked the Blue Cross to explore the possibility of bringing veterans under hospital plan coverage, with subscription fees to be paid by the Government. According to E. A. Van Steenwyck, chairman of the Government relations committee of the Blue Cross, General Bradley is weighing the advisability of restricting construction of new V.A. hospitals by turning over the care of veterans to civilian teaching hospitals.

Mr. Van Steenwyck told the recent Blue Cross conference in New York that chronic cases would not be included in the program. Services would be rendered by the hospital on a cost basis.

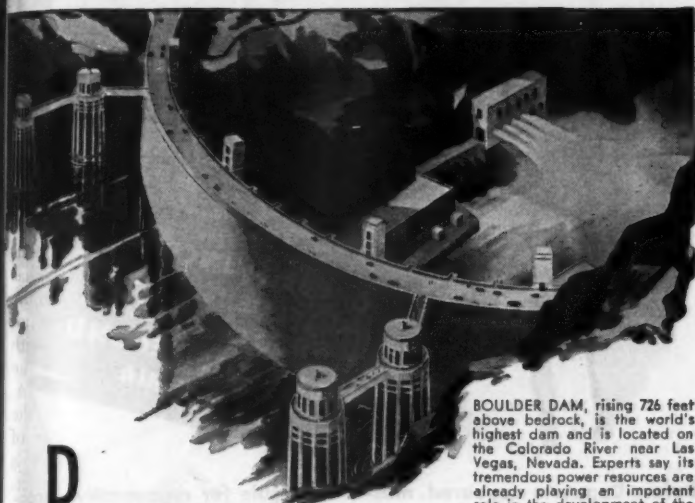
The plan presumably would utilize the services of private physicians in the hospital areas, in line with General Bradley's newly announced policy (see "V.A. Invites Participation of 'Best' Private Physicians," this issue).

**CHILDREN "WARPED."** A constant stream of evidence is accumulating in the psychiatric division of New York's Bellevue Hospital that a serious and permanent warping of personality occurs in children reared from infancy in institutions. Dr. Lauretta Bender, senior psychiatrist of the hospital, has told the Child Welfare League of America. [Continued on page 170]

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BOULDER DAM, rising 726 feet above bedrock, is the world's highest dam and is located on the Colorado River near Las Vegas, Nevada. Experts say its tremendous power resources are already playing an important role in the development of the West Coast.

# P PERFECTION

*in its field...*

BOULDER DAM . . . is regarded by many engineers as one of the world's most perfect power projects. And as Boulder Dam's wealth of power resources is providing almost incalculable national benefits, so, too, are SKLAR products proving of inestimable value to surgeons everywhere. For SKLAR offers the medical profession a tough, durable instrument, dependable under unusual strain . . . that can be sterilized again and again without deterioration. Since its founding over half a century ago, the J. SKLAR MANUFACTURING COMPANY has never compromised with quality . . . has consistently anticipated surgical trends and needs. And it is this policy of faithful devotion to detail . . . and long range planning . . . which has made SKLAR the leader in a highly specialized industry. SKLAR products are sold only through accredited surgical supply distributors.

A catalog of Sklar Stainless Steel Instruments will be provided on request.

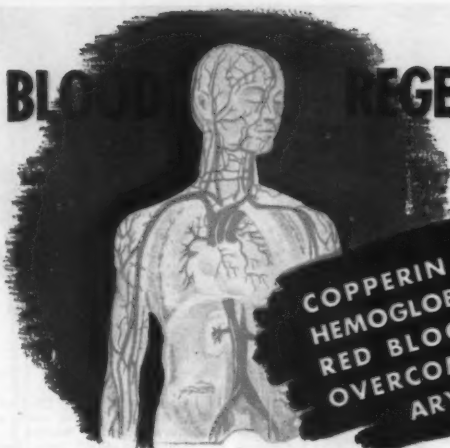
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SMELLIE'S PERFORATOR, 11 1/2", STAINLESS STEEL

# BLOOD REGENERATION



**COPPERIN INCREASES  
HEMOGLOBIN... BUILDS  
RED BLOOD CELLS...  
OVERCOMES SECOND-  
ARY ANEMIA**

Before Copperin appeared, massive iron doses were inflicted on the anemic. Most of the iron was not utilized. The excess, excreted fecally, produced gastrointestinal irritation and upset—thus defeating the original purpose of the clinician.

Copperin represents a scientific conception of iron needs in secondary anemia. The iron content per capsule is small — 32 mgm. — but wholly adequate. The potent catalytic agent, copper sulphate, makes ALL the iron

available for regenerative processes.

There is rapid replacement of hemoglobin and new red cells. This is markedly manifested in treating the hypochromic anemia of children; the "milk anemia" of infants; hemorrhagic anemia following blood donation; pregnancy anemia; chlorosis and anemia of middle aged women.

In two strengths: Copperin "A" for adults; Copperin "B" for children.

*Professional samples  
gladly sent on request*

**MYRON L. WALKER CO. INC.**  
Mount Vernon • New York



**COPPERIN**  
**WATER-SOLUBLE**  
**NON-CONSTIPATING**

CUTE  
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# ORAL INFECTIONS

*...take warning!*



Vincent's Infection disappears...clinical data on infections with other penicillin-sensitive organisms show promise.

## PEN-TROCHES

Each Pen-Troche Cutter—chemically bound, to make it slow-dissolving—builds (and maintains) an adequate penicillin level in the saliva for over two hours. Already recognized as specific in Vincent's Infection, the future role of Pen-Troches for combatting other infections of the oral cavity is extremely promising. Cutter Laboratories, Berkeley, California; Chicago; New York.

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CUTTER LABORATORIES, Berkeley 1, California

I will be interested in noting effectiveness of Cutter Pen-Troches for therapy in Vincent's and other oral infections. Please send 10 Pen-Troches, free, to

Doctor \_\_\_\_\_

Address \_\_\_\_\_

"Interestingly enough," she says, "the better the institution—in the sense of the most modern pediatric care—the more serious the defect in personality. There is no mistaking the defect, the most serious psychopathic personality deviation." Dr. Bender lists its symptoms as an inability to form friendships or to give or receive affection, an impulsive or erratic behavior, and a failure later on to adjust to normal family life.

"The cause," she concludes, "is emotional deprivation in the infantile period due to a lack in parent-child relationship, as, for example, in the child who has spent considerable time in infancy or early childhood without any affectional ties."

NEW CARS. "Come in and see the new Buick!" "The new Fords

are here!" In newspapers throughout the country automobile ads last month were blossoming. But production wasn't. The Fords and Buicks were here—but mostly for showroom purposes, not for sale. Detroit was still measuring a week's output in terms of dozens—not in pre-war thousands. It became increasingly obvious that the 10 million persons who have been waiting for the chance to trade in a wheezing jalopy for a shining, new 1946 (nee 1942) model would continue to wait—the lucky ones up a six months, the rest a year or more.

The plan to ration new cars after Jan. 1 was definitely out—to the dismay of many a doctor who would have had top priority. Also out was the industry's grandiose hope for half million cars by the year's end. Strikes were having their effect, too.

## *An Impetus to Faster Recovery in*

## **SEVERE COLDS or INFLUENZA**

GRAY'S COMPOUND is a palatable bitter tonic and digestant which stimulates appetite and aids in the assimilation of necessary foods; it also aids in relieving coughs due to common colds. Optimum nutrition gives impetus to the physician's special therapy and speeds recovery in respiratory and other conditions.

# **GRAY'S COMPOUND**

**ACTIVE INGREDIENTS:** Extracts Gentian and Dandelion, Glycerine, Wine, Phosphoric Acid, Tr. Cardamom Comp., and aromatic elixir syrup.

is an adjunct in treating the SICK, CONVALESCENTS, the RUN-DOWN, the ELDERLY, the OVERWORKED, and ANOREXIC CHILDREN.

**The Purdue**

135 Christopher St.



**Frederick Co.**

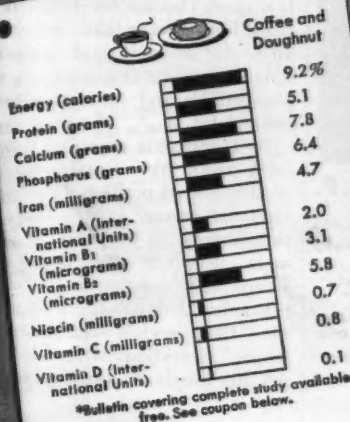
New York 14, N.Y.

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# What's Wrong with American Breakfasts?

Many authorities say breakfast should supply  $\frac{1}{3}$  of the daily food needs. Yet millions of American breakfasts fall far short of this figure ... according to a study,\* conducted by a well-known research institute,

of the breakfast habits of 5,000 people. The chart below (based on this study) shows the percentages of the daily food needs of a sedentary man, supplied by one of the most common meager American breakfasts.



## VALUE OF HOT RALSTON IN AMERICAN BREAKFASTS

Hot Ralston whole-grain wheat cereal can often mean the difference between an inadequate and an adequate diet. More than twice as rich as natural whole wheat in wheat germ.—richest cereal source of thiamine—hot Ralston is also a good source of carbohydrates, iron and niacin.

## TWO KINDS OF HOT RALSTON



**RALSTON PURINA COMPANY**  
Checkerboard Square • St. Louis, Missouri

**FREE!**

### NORMAL DIET PRESCRIPTIONS

Diets for: Children 2 to 6, 6 to 12, and over 12 years; Underweight, Moderately

Active, Very Active Men and Women; Pregnant Women and Nursing Mothers. Printed on 8 1/2 x 11" sheets, in pads of 25 each. Free, see coupon.

### USE THIS COUPON

Ralston Purina Company, Nutrition Dept.  
12J Checkerboard Square, St. Louis 2, Mo.  
Please send, no cost or obligation, material checked below.

- ☐ C845 Study of Breakfast Habits  
☐ C3694 Normal Diet Prescriptions

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(Offer limited to residents of Continental United States)



## ETHYL CHLORIDE U.S.P.

in **Gebauer's** AMBER GLASS CONTAINERS

Professionally preferred for its purity. 4 fl. oz. and 2 fl. oz. containers at all surgical supply stores.

THE GEBAUER CHEMICAL COMPANY  
9410 ST. CATHERINE AVE. • CLEVELAND, OHIO



### SUSTAINED EFFORT

is as essential in the office as in any employment. It is important that records keep pace with production. The performance of this task is dependent upon normally functioning organs.

## HAYDEN'S VIBURNUM COMPOUND

(Antispasmodic and Sedative)

has contributed to feminine well-being for more than three-quarters of a century.

In these times of stress, HVC is more than ever appreciated by your patients.

Literature **HVC** on Request

NEW YORK PHARMACEUTICAL COMPANY  
Rutland Springs Rutland, Mass.

but so were ceilings—manufacturers were resisting every effort to hold them to 1942 prices. Producers were now talking up 1946 as the greatest year in automobile history (Ford would turn out 2 million units, Chevrolet a comparable number, Pontiac a half million), with total production of perhaps 7 million cars. The staples—two-door sedans, four-door sedans, and coupes, all in the low-and moderate-priced lines—would get first attention, with convertibles and station wagons to come later.

As to price, it appeared that the OPA would have to go along with an increase of perhaps 15 per cent. Optimists were saying that "improvements" in the new car would make it worth that much more (Ford had announced 100 such). Pessimists continued to deprecate the "1942 models with flashed-up fronts." Everybody wished he could get his hands on one.

**VETERANS' CARE.** Conceding that "part of the trouble in the care of disabled veterans lies in the veterans themselves," Charles Bolte, who as head of the American Veterans Committee has been highly critical of the Veterans Administration, recently recommended to General Omar N. Bradley that V.A. hospitals be given the right to reject patients who are unwilling to submit to necessary discipline. At present, said Mr. Bolte, "Tuberculous patients leave the hospitals when they feel well, not when they are released by their doctors. Many complaints by veterans have arisen because they were unwilling to submit to the more unpleasant aspects of medical treatment. This trouble might be erased if contin-

ONE OF THE FINEST ETHICAL

*Liquid*

## MULTIVITAMIN CONCENTRATES



*Compare*

WITH ANY OTHER ETHICAL  
MULTIVITAMIN PRODUCT

Available in liquid & tablet form  
One pint (over a month's supply)

**\$2.30**

BETTER BALANCE  
HIGHER POTENCIES  
GREATER VALUE

the Stuart  
formula

*The Stuart Company*

PASADENA, CALIFORNIA • CHICAGO, ILLINOIS

★ Many patients, particularly children and older people, prefer a liquid multivitamin. For this reason The Stuart Company makes the Stuart Formula available in liquid form as well as the popular tablet form.

### Advantages of the Stuart Liquid

1. Contains higher potencies.
2. Contains natural B complex factors.
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4. Lower cost.
5. Contains in addition to Vitamins A, D, E and minerals a higher potency B complex (with natural B factors) than most ethical products containing B complex alone.
6. Better tasting.
7. Lower viscosity.
8. Quick solubility (mixes readily with milk or other liquids).
9. Particularly suitable for children.
10. Malt base—gives bonus of malt dextrin, maltose and diatose.

## From where I sit... *by Joe Marsh*



**Americans  
have a  
word for it**

Dr. Walters' boy, who's back from overseas for good, was telling us about the funny customs and the different languages in other countries.

One thing he noticed is that in so many of those countries there's no word for "home." "House," yes...or "building." But no name that stands for what we mean when we say *home*.

"In spite of the fact," he says, "that it's the most important thing there is...a place where you can take your shoes off and let down your hair...enjoy a glass of beer before the fire and relax with folks you love!"

From where I sit, that may be an important difference between this country and some others. The conception of home as a place of tolerance and sacred loyalties—where differences of habit and opinion give way before love and understanding! Yes, we Americans have a name for it!

*Joe Marsh*

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ued care of a veteran were made contingent upon his willingness to take proper treatment until cured."

## Set Up National Prepay Plan, Medicine Told

*Michigan association officer  
cites success in his state*

The success of Michigan Medical Service—largest medical prepay plan—is seen as a heartening sign that organized medicine can do the job and also as a warning that full delegation of a plan's operation to the Blue Cross "is as dangerous as having a Wagner, a Murray, or a Dingell operating it."

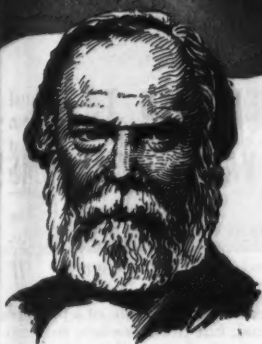
Declaring that MMS enrollment has reached a peak of 822,000 persons—one in every six in Michigan—Dr. L. Fernald Foster, secretary of the Michigan State Medical Society, recently voiced his fear that "our efforts, however successful in certain states, will be of no avail in combating political medicine at the

### *Anecdotes*

¶ MEDICAL ECONOMICS will pay \$5-\$10 for an acceptable description of the most exciting, amusing, amazing, or embarrassing incident that has occurred in your practice. Contributors may remain anonymous upon request.

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# MASTER BUILDERS *of* Endocrinology



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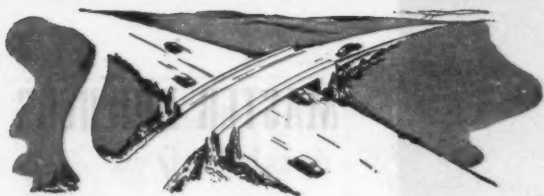
Characterized by a biographer as a "scientific Ulysses," Brown-Séquard was a member of the famous school of physiologists which included Claude Bernard and Charles Robin. His sublimely imaginative experiments on the functions of the suprarenal glands and the gonads paved the way to fuller understanding of the nature of the endocrine secretions.

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national level unless there is a broad, somewhat uniform plan offered nationally. This should preserve all that is fine in American medicine: its scientific quality, its physician-patient relationship, and its private enterprise."

Dr. Foster deplored the fact that such a plan had not already been undertaken. "We find ourselves confronted with a serious problem because our public relations have not been good," he said. "Our medical organizations, busy with the development of medicine in its scientific aspects, have failed to recognize in their incipency the signs of political intrusion into the practice of medicine."

Experience in Michigan has established the importance of a number of "successful factors" that might be studied elsewhere, Dr. Foster said. Among them he lists:

- ¶ Establishment of the plan on a uniform, state-wide basis.

- ¶ Corporate direction by the state society's house of delegates and a few elected laymen.

- ¶ Apportionment of two-thirds of the seats on the board of directors to physicians.

- ¶ Inauguration of the program only when 80 per cent of the doctors in the state have agreed to participate.

- ¶ Limitation of Blue Cross participation to sales and service.

- ¶ Limitation of service to surgery in the hospital until sufficient actuarial experience had been accu-

mulated to permit inclusion of catastrophic medical care.

- ¶ Provision of service benefits rather than cash indemnity.

Dr. Foster recalls that many of the early mistakes of the service stemmed from the fact that it was hurried into operation by a public demand which followed the rapid expansion of Michigan Hospital Service, a Blue Cross plan inaugurated in 1939. The state society drew up its first contract, and the Michigan Medical Service came into being, early in 1940 with "nothing more than a director, an office girl, and a desk." The following day, because of its affiliation with the Blue Cross, it had more than 50,000 subscribers.

The first contract, Dr. Foster says, was based "on the fallacious idea that everyone wanted full service coverage: medical, surgical, and obstetrical care in the home, office, and hospital. I say fallacious because we serviced only 7,000 subscribers in the first year and a half of operation, and lost \$130,000.

"We soon discovered that the public applies to their medical demands the same principle they invoke in their automobile coverage: They like the deductible idea—coverage for catastrophic developments—but are willing to care for their minor troubles on a direct payment basis."

Having established that fact, the Michigan service eliminated full coverage and limited its service to

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surgery in the hospital. After that, says Dr. Foster, a large number of employed groups were enrolled in a short space of time. Soon the demand for tonsillectomies, herniotomies, etc., was so great that by November 1943 the corporation again found itself in the red—this time for \$500,000—"which meant that Michigan physicians had \$500,000 in unpaid benefits due them. By April 1944, however, these bills were all paid, as was \$120,000 in pro-ration which was in force for a six-month period. Today, the service has all bills paid and has over \$1,000,000 in reserves."


Delegation of complete operating authority to the Blue Cross would be fatal, Dr. Foster believes. He points to a "serious situation in an Eastern state, where a county medical society [Philadelphia], desiring such an arrangement, has worked at cross-purposes with its parent state organization."

In Michigan, he points out, the relationship is only of operation and not of policy-making. As an economy measure, the medical plan utilizes the Blue Cross sales and service organization, which, among other things, makes possible the use of a single payroll deduction. As a result, Michigan Medical Service

returns 87 cents in benefits for each subscriber dollar collected.

But there is still a fly in the ointment: "Despite splendid cooperation from the Blue Cross organization in Michigan, we find it constantly flirting with the services of pathology, radiology, and anesthesiology, with a view to including them as hospital services. Fortunately, our enabling act says that medical services are those rendered by doctors of medicine. Even though some of our pathologists, radiologists, and anesthesiologists have practically sold out to hospitals, their services by legal statute are still those of doctors of medicine."

"The question has been raised as to the advantage of a cash indemnity plan over a service plan," Dr. Foster continues. "We in Michigan are thoroughly convinced that an indemnity plan does not solve the problem. If it did, we would need only to call upon the commercial companies. Our public wants service and the peace of mind that goes with service protection. Money toward their medical bills does not solve the real economic problem." Dr. Foster points out that commercial companies refused to enter the field until medical societies went through the "labor" and "growing"



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pains of developing plans. "Now," he adds, "they are approaching various state societies with a view to having them sell out."

**PATIENT'S V-DAY.** A letter signed "Inez" and written to Dr. Frederic Loomis (on his own portable typewriter, strangely enough, says the Alameda County, Calif., Medical Bulletin) contained these ecstatic lines:

"Last night I was told that more than 10,000 new doctors are planning to come to this state to practice as soon as they leave the armed services. I went home in a dither, my head bursting with a heavenly dream. I see thousands and thousands of tall, dark, handsome men coming down the streets in even ranks, all of them smiling and immaculate in white. Their eyes flash in the sun. Some have little round mirrors on their foreheads, and my tonsils begin to throb. Some have stethoscopes hanging from their necks and my heart skips a beat. Some salute strangely by touching their foreheads with two extended fingers—the gynecologists. Some have prematurely gray hair—the obstetricians.

"This is heaven. No longer must I wait weeks for an appointment and then feel like an intruder as I am brushed off by a doctor who does not even know my name on the fourteenth visit. No longer must I explain for the fourteenth time that I have a pain in the back and not in the front . . .

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again the center of undivided attention, while I talk about just me. "My personal V-day is here."

## Society Seeks Ethics Code That Can be Enforced

*It also plans indoctrination  
course to stiffen standards*

As steps toward weeding out shady practitioners who "keep within the letter of the law" but otherwise bring discredit on their profession, the Los Angeles County Medical Society has been weighing the desirability of (a) drawing up a code of ethics with teeth in it; and (b) conducting an indoctrination course and examination which would be prerequisites to admission to the society.

Pointing out that the code of ethics of the AMA "is a statement of principles, rather than a penal code," an editorial in the county society bulletin proposes the adoption of a local code that could be enforced. "There should be no hesitancy on the part of the council to discipline severely the few members whose business tactics are nothing more than extortion, whose manners are ungentlemanly, or whose conduct is on a level below that suited to a decent community."

If the new plan were adopted, every applicant for membership would be required to attend a course of lectures on such things as ethics, malpractice prophylaxis, laws governing medical practice and narcotics, and public health ordinances—as well as the history of the association, its aims, and accomplishments.

Conceding that at first blush the



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requirements may sound unreasonable, the bulletin points out that many applicants are either recent graduates with little experience or older men who have left former locations. "Among the latter are many experienced and capable physicians with excellent records; but with them come others who have migrated because of failure elsewhere. This group needs all the help we can give."

A strict and specific code of ethics, says the bulletin, would rid the society of the "occasional heartless grafter and the still more infrequent boor who bring more disfavor upon the profession than a hundred honorable men can overcome. These individuals are well aware of the fact that membership is practically a necessity if they are to retain hospital privileges."

**NARCOTICS.** The war brought a setback to the world-wide program of control of narcotics, the Permanent Central Opium Board has disclosed at a London meeting. Pre-war, some 1,500 governments certified annually to the board the quantity of narcotic drugs needed for consumption, manufacture, or export; but by 1941 the number had fallen to 1,000. Chief defaulters were Axis and Axis-dominated nations.

Other highlights of the report:

¶ Russia ceased reporting when she severed connections with the League of Nations.

¶ Narcotics control is being resumed in the Scandinavian countries, Belgium, and the Netherlands.

¶ In some Central and South American countries, control hardly exists.



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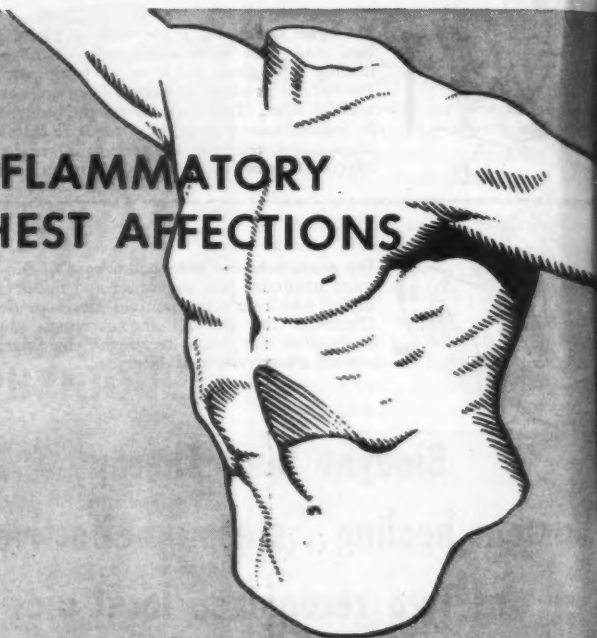
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More rapid hematopoiesis with Iron Sulfate, Liver Concentrate, Vitamins B<sub>1</sub>, B<sub>2</sub> and Nicotinamide. A more rounded diet for the red blood cell in secondary

#### ANEMIAS

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# Where children are not, heaven is not"

—SYMMONE DE BOUVAINE

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In the absence of organic deficiencies or pathogenic, hostile genital secretions, may apparently (in some instances) cause infertility merely through immobilization of human sperm.

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ORTHO PHARMACEUTICAL CORP., LINDEN, NEW JERSEY

*Nutri-Sal*

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